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The Medico-Pharmaceutical

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WILLIAM J. ROBINSON, PH.G., M. D.

EDITOR AND FOUNDER.

VOLUME FOURTEEN

JANUARY-DECEMBER, 1911.

NEW YORK

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PRAISED BY SOME, BLAMED BY OTHERS, DISDAINING THE FOOLS, BRAVING THE WICKED, I HASTEN TO LAUGH AT EVERYTHING . . . . FOR FEAR OF BEING OBLIGED TO WEEP

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

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It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XIV NEW YORK, JANUARY, 1911 No 1.

Editorials and Editorialettes.

"EVERYBODY IS ENTITLED TO HIS OPINION."

The world is full of silly sayings, of false adages, of hoary half-truths, which pass for gospel truths, for self-evident axioms. The statement about everybody being entitled to his opinion belongs to this category. If you mean to say by it, that nobody should be punished or ostracized for his opinions, then of course we agree with you. Everybody should hold any opinions he wishes to, and he should be free to express them too. But if you mean to imply by it that everybody has the same "moral" right to hold opinions on any subject and that everybody's opinions are to be treated with equal respect and consideration, then we say decidedly, no! What right has an ignorant man to hold an opinion as to how to build a bridge across the East River or how to construct a tunnel? What right has an ignorant man to have any opinions on chemistry, physics, mathematics or astronomy? What right has a man, who has not given years of study to the subject, to hold any opinion as to how to treat sick people? People have a right to hold opinions on purely abstract problems, which merely require abstract reasoning and contemplation; but people have no right to have opinions on subjects which are based on facts and experiments, and which require years of study to acquire.

Everybody has a right to his opinion on religion, on God, on immortality, on the objects of life, on ethical conceptions, on the proper conduct towards our fellowmen, etc. But not everybody has the right to have an opinion about the natural sciences, about medicine, not even about political economy.

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Democracy has done this damage; it has inculcated false ideas into people's heads, making them believe that everybody is as good as everybody else is and that one man's opinion is as good as *any other* man's. This is not true, and the sooner the falsity of it is perceived the better. You must get the proper preparation, the proper foundation, before you have a right to have an opinion, on certain subjects at least.

In short, everybody is *not* entitled to his opinion.

WE MUST DO IT OURSELVES.

Yesterday (December 18) I delivered a long lecture before a lay audience, the Brooklyn Philosophical Association, on the subject of the Scientific Physician versus the Quack. I showed the superiority of regular scientific medicine to every form of irregular medicine and quackery. The lecture was very warmly received. Some of the debaters however referred to the arrogance, prudishness, ultra-conservativeness and even ignorance of the regular medical profession. None knows better than I its faults, foibles and shortcomings. But we claim that in spite of all our faults, foibles, and shortcomings, the regular medical profession is infinitely superior to any other form of medicine and that the future is in our hands. For we are continually progressing, continually learning and continually eliminating the unfit. And the reforms come from within the profession.

But we must be vigilant. Whenever we see a case of rascality, a case of stupidity, a case of ignorance, a case of prudery, a case of obscurantism, we must be ready to show it up. We must do it before somebody from the outside does it. Only in such manner can we hope to purge our ranks and present a solid front to the enemy.

A MEDICAL IMBECILE

A "book-review" has been brought to our notice this morning which shows unmistakably that our beloved profession is not yet entirely free from unthinking imbeciles, ostrich-like prudes and ignorant obscurantists. Here is the "book-review," *verbatim et literatim,* as it appears in *Colorado Medicine* for December, 1910, page 466.

"*The Prevention of Sexual Diseases.* By Victor G. Vecki, M. D., Ex-President San Francisco German Society, Member American Urological Association, American Medical Association, California State Medical Society, etc., with Introduction by Wm. J. Robinson, M. D. The CRITIC AND GUIDE Co., 12 Mount Morris Park, West, New York, 1910.

Written by one of those pleasing souls who, because sewers are necessary conveniences, advocate their discharge into our living apartments, this small book aims to purvey filth to the masses or such a fraction of them as are possessed of one dollar and fifty cents and strong olfactory organs. Possibly it will bring to those responsible for it some of the notoriety they evidently crave."—L. W. E.

Every man has the right to be stupid, but as we said many times before, he must not abuse the privilege. And L. W. E.,

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whom we suppose is Leonard W. Ely, one of the editors of Colorado Medicine, has distinctly abused his privilege in this instance. We of all men certainly do not object to real criticism, even harsh and merciless criticism when necessary. On more than one occasion we have indulged in such criticism ourself. But a reviewer must read the book, he must try to comprehend it, and he must be honest. And he must not be a liar.

He may show that the author is wrong in his facts, that his conclusions are wrong, he may attack his attitude, but he must not lie, and he must not give the reader a deliberately perverted idea of the tenor and the purpose of a book.

When Dr. Ely says that Dr. Vecki advocates "the discharge of sewers into our living apartments" he lies deliberately. That is just what Dr. Vecki is opposed to. Dr. Vecki recognizes the existence of prostitution, and he advocated its segregation, so that it may *not* be "discharged into our living apartments." It is the prudes and the sanctimonious hypocrites who, refusing to deal with prostitution in a rational way, refusing to recognize its existence, and hounding the prostitute from pillar to post, scatter the evil thruout the city so that the prostitutes are obliged to hire rooms perhaps next door to our very apartments. "This small book aims to purvey filth to the masses." A man who makes such a remark about Dr. Vecki's book is an unmitigated ass. Not an obscene word in the whole book. What attracted us to it, was its scientific tone, its noble purpose, the sincerity and honesty permeating every line of it; anybody not an imbecile can convince himself by reading the book that the author is a high-minded sincere man, imbued with the desire to free humanity as far as possible from the ravages of venereal disease.

Dr. Vecki does not believe in the healthfulness of absolute sexual continence, and he believes, with all rational experienced physicians, that in diminishing venereal disease all our continence preaching is worthless in comparison with a good prophylactic. With these ideas of Dr. Vecki, Dr. E. could disagree and he could say so in the most condemnatory language. But he has no right to lie, we repeat, and he must not characterize a book that is pure in language, pure in tone and pure in purpose, as a book aiming to purvey filth. We are used to seeing lay and theological prudes, but the spectacle of a medical man refusing to discuss or learn anything about the social evil, the venereal plague, the important problems connected with the sexual instinct, is certainly nauseating.

It is these reactionary, bigoted, intolerant obscurantists who throw discredit upon us, who disgust the free-thinking element of the public with the regular medical profession, who force

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many intelligent men and women into the hands of the quacks and the irregulars.

More light, more light!

A DIFFERENT KIND OF REVIEW.

And still there is cause for congratulation. For the *Colorado Medicine's* reviewer's review (we do not hold the chief editor responsible) stands so far absolutely alone. Not only the independent journals, but the official State journals, which are supposed to be more prudish, more conservative, have commended the book highly, some giving it unstinted praise. The best, because the most thoughtful, review that we have seen, appeared in *The California State Journal of Medicine* (November). It is worth reprinting, for it shows very clearly the *raison d'etre* of Dr. Vecki's book.

The menace of the increasing spread of venereal diseases to the welfare of the community has in recent years been the subject of considerable attention. All who have made a study of the sociological aspects of the question agree that existing conditions demand radical measures with a view to immediate amelioration if not eradication of this appalling social evil. Since the appearance of syphilis in Europe more than five centuries ago, various measures have been tried for its limitation. The prostitute has been burned, and her profession has been officially recognized and officially regulated; the religionist, the moralist and the medical man have made excursions to this rough country where Nature has been challenged, but still remains unchanged. The result in all instances has been the same—failure. Seeking a solution to this intricate problem in measures which attacked only the more or less obvious manifestations of the evil, ethical reformers have from the first been doomed to disappointment and failure. It is evident, as Duclaux says, that a fight against venereal diseases will only be possible when we can arrive at the point of view that the sufferers are not guilty, but unfortunate. Obviously, then, the first vital step in an effective campaign clearly lies in the direction of education not only in matters of sexual diseases, *but of the biological significance of the sexual instinct, and the physiology of sex itself.*—[Italics ours. W.J.R.]

It is with such a broad and keen realization of the practical side of the problem that the writer presents his book on a subject the discussion of which has often been a venturesome undertaking. To boldly and frankly present the facts has been the object of the author, and it must be admitted that he has done so clearly and in good perspective. He thoroughly agrees with most Continental writers that for the present at least it it impossible to eradicate the institution of prostitution, and that it would be well to continue as in Europe official supervision, notwithstanding its failure in remedying the evil which has continued to thrive unabated. The government's duty toward the prevention of venereal diseases is also well presented, and the physician's duty in the practical solution of the problem is very properly accentuated. Taken as a whole, the author has given us a very readable and intelligent résumé of one of the most urgent social problems confronting society to-day. We commend the work to the physician and layman as a first step in education regarding the subject.

Yes, we need many such books like Dr. Vecki's Prevention of Sexual Diseases.

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A CASE WHERE FEAR DID NOT ACT AS A DETERRENT.

N. N. was twenty-four years old when he first applied for treatment. An examination showed an exceedingly severe acute gonorrhea, complicated with epidydimitis and prostatitis. His history was, briefly, as follows: He masturbated, but not to excess, from the age of thirteen. He abstained from all sexual intercourse until about five weeks previously. He was then induced by some friends to visit a house of prostitution. Ten days later he noticed the first symptoms. He went to a druggist, then to a physician; both prescribed some capsules and a hand injection. But under this treatment he was gradually getting worse, until, on account of the epidydimitis, he was unable to work and had to lay off his work in the bank. He was penitent and very disgusted. He considered it a direct punishment for his sin and a warning against future indulgence. And he swore that never, never, never would he indulge again. But he was displeased with fate all the same. He could not get reconciled to the fact that so many of his friends indulged frequently without bad consequences, while he was caught the very first time. Well, he had a very hard time of it. His epidydimitis and prostatitis compelled him to stay in bed for over two weeks, and he nearly lost his position in the bank. It took three months before he was perfectly well. Yes, it was a terrible lesson to him. The excruciating pains, the loss of time and money, the fear of discovery by his parents, the danger of losing his position, etc.,—all these facts impressed themselves strongly on his mind, and made him see, as he said, that the game was not worth the candle. And of course it was natural that he should swear that never, never would he have anything to do with prostitutes. Five months later he came again, with a fresh gonorrhea and a crop of chancroids. This time also after intercourse with one woman, but it was an all night's debauch. I told him that he probably had a hypersusceptibility to venereal infection, just as some men seem to possess a sort of immunity, and cautioned him against ever again indulging in intercourse with prostitutes. He laughed at my caution: it was so superfluous. Of course he will abstain forever and ever. His chancroids were cured in ten days, the gonorrhea required three and a half months.

Six months later N. N. appeared again. I was disgusted when I saw him. This time he got at last the most terrible of venereal diseases, syphilis, for which he was under treatment for a long time.

And still N. N. is not a bad man, as men go. He is not dissolute in his habits, he is not a debauchee, he is not addicted to alcohol. But apparently he has a weak will. And in his case fear did not act as a deterrent. This happened twelve years ago. I had forgotten of N. N.'s existence, but I re-

membered him when he came in last month with a gummatous ulceration of the leg. And I also recollected that his case was the case that impressed upon my mind the futility, the stupidity, the hypocrisy of preaching continence, when we know that our preaching is listened to only out of politeness and is disregarded by our patients often as soon as they leave our office. I recollect that it was while treating him that I thought how much better it would be if instead of preaching, or in conjunction with it, we gave our patients good venereal preventives and it was then I began to investigate the subject and search for the best gonorrheal and syphilitic prophylactics.

That fear acts as a deterrent in a certain percentage of cases in unquestionably true. How large that percentage is, it is impossible to say. But that it is not very large, the enormous prevalence of gonorrhea, chancroids and syphilis seems to demonstrate conclusively. This being so, would it not be more honest, more humane, really to protect our patients, protect them by efficient physical means, instead of trying to safeguard them by inefficient spiritual preachments?

LET THIS BE MY ANSWER TO THE MANY LETTERS.

I received a number of letters, as I expected I would, attacking my position on the sex question. To those who discussed the question from a purely scientific standpoint I replied in detail, and the correspondence may appear, at a later date, in the CRITIC AND GUIDE. Many people, however, discussed the question from a theologic standpoint, giving quotations from the Bible, etc. With such I cannot enter into any discussion. Faith cannot be reasoned with. Let one reply that I sent to an estimable lady serve as my reply to all my Tenth Century friends.

My dear Madam:—Your letter received. I shall not argue with you or attempt to convince you, as you would probably not understand me. You speak the language of the tenth century; I speak the language of the 20th, or perhaps rather the 25th, century. You speak the language of gloom and reaction; I speak the language of joy and progress. You speak the language of the shackled theologian; I speak the language of the free scientist. You infuse theology and a man-made or rather statute-made morality into your discussion; I claim that theology and statute-made morality have no more place in a discussion of biologic or physiologic problems than they have in the study of anatomy, chemistry or physics. You believe that the sexual instinct was given to man and should be used by him for procreation purposes only. I believe that such a belief is ridiculous in the highest degree, for it limits the man and the woman to but one or a dozen acts during their lives. For nobody would care, of course, to have more than a dozen children. You

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believe that extra-marital relations are a sin and a crime. I believe they are dangerous on account of the fear of infection and may be unwise for many reasons, but are not more sinful or criminal per se than the gratification of any other natural instinct. When Nature implanted that instinct in man, (and whenever I say man in this letter I mean woman too), she did not know that man would make laws rendering the gratification of the instinct sinful and criminal.

As you see, we differ on so many points, and our difference is so fundamental, that any real discussion would be neither possible or profitable.

I therefore beg to remain,

Very truly yours,

DR. WM. J. ROBINSON

AN APPARENTLY IRREFUTABLE ARGUMENT AND ITS REFUTATION.

One of the principal arguments of the anti-regulationists is the "sex-in-sanitation" argument. If the prostitutes are to be examined, then all the men should be examined as well. In many letters that I received following the sending out of the November issue of the CRITIC AND GUIDE, and in the discussion following my paper read at the Sunrise Club, the same argument was iterated and re-iterated. And they all thought they had me completely squelched when they asked the following questions: "Would you dare to publish an editorial in the CRITIC AND GUIDE advocating the segregation of female tuberculous patients only? And if a ship came in carrying passengers infected with scarlet fever, would you dare to advocate the quarantining of the female passengers only, letting the men go free?" (This argument is used also by Dr. Morrow.) To these questions I replied: If the conditions were the same, *i. e.*

1. If the female tuberculosis or scarlet fever patients were one hundred times more infectious then the male patients; and

2. If the female patients made a trade of it, of spreading tuberculosis and scarlet fever; and

3. If the female patients were easily got at—both from a legal and practical point of view—while the male patient could be got at only with great difficulty or not at all;

then I would certainly dare advocate—I dare advocate anything which I believe is true and of benefit to humanity—that the female patients alone be segregated, quarantined and treated. And I would dare write editorials to that effect in the CRITIC AND GUIDE, and in all other journals that would not be too timid to give me space in their columns. Because we cannot attack all the foci of infection is no reason why we should not attack ninety per cent of them.

This was my reply, and I believe it was my opponents who were squelched and not I.

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THE FLEMISH AND SIMILAR REACTIONARY MOVEMENTS.

On my recent visit to Belgium I watched with interest a movement, which is unfortunately gaining strength, but which ought to be discouraged by every progressive thinker, who detests chauvinism, no matter under what form it may make its appearance. I refer to the "Flemish" movement, a movement which has for its purpose the spread of the Flemish language, which aims to make it the supreme language of the country, so as to displace the French. I wish I had the power to knock this movement—and its narrow-minded promoters—on the head. A man who would wish to displace the beautiful French language with its magnificent literature by a crude coarse language with no literature at all, is an enemy of progress. And this kind of "patriotism" is the worst and most contemptible kind of chauvinism. And what I say about the Flemish movement applies with equal force to several such movements which are making their appearance in different countries. For instance, there is the Provençal movement, the Gaelic movement, the Yiddish movement. All such movements are in the line of retrogression, and are very often initiated and engineered by selfish people for selfish purposes. Men who in the world literatures would find no place, or would amount to nothing, cut big figures, or imagine they do, in obscure jargons, which have no literature. Among savage Hottentots anybody would be a great writer. I repeat, all such movements are retrogressive movements and their promoters are enemies of progress. We believe we are as much in favor of autonomy for little peoples as anyone can be, but when it comes to languages, we say, the fewer we have of them, the better. We have enough great languages with great literatures and it is positively a crime to encourage the spread or prevalence of jargons, patois, or corrupt idioms which possess no literature at all; and the Yiddish patriots in America, for instance, would render the Jewish race a much greater service, if instead of encouraging them in the study of the corrupt German jargon called Yiddish, they urged them to study the German language instead. It could be acquired with but little effort, and those who would make the effort would posses a splendid language with a splendid literature. But what is the use? It is a hard thing to fight human selfishness and human narrow-mindedness. But we do not despair. We are sure that the time will come when all patois, jargons and idioms will be dead, when all people will be cultured, and when they will all speak one universal language, tho five or six languages may survive. To help unite mankind into one brotherhood we need a diminution, not a multiplication, of languages. And he who works for the latter is an enemy of mankind, I repeat once more. And therefore down with the Flemish, Gaelic, Provençal, Yiddish, Little Russian and similar stupid movements. I should even like to see the Dutch language disappear and German take its place. The Hollanders

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would be better off. And while I hate the brutality and despotism of the Russian Government, *one* of its high-handed proceedings never excited my indignation, and that is its tyrannical determination to make Russian the only language of the Empire. It opens up to the little and to the inferior peoples within the empire the grand Russian literature and is for the ultimate benefit of mankind.

A CHIROPRACTIC SPECIALIST.

"If you are sick and have tried everything else and did not receive help try CHIROPRACTIC and get well."

D R. H. C. T A M K E

CHIROPRACTIC SPECIALIST.

202 Essex Building — 23 E. Sixth St.

St. Paul, Minn. Nov. 15, 1910.

Dear Docter—

Would like your advise on the supjet of preventing for Pregnancie as I have a Patient which I must give son advise on that supjet hoping to Recieve your advise

Yours Oblige

H. C. TAMKE.

And this is the man who tells you to try him, if you failed to receive help from others. And into the hands of such people we put the lives of our fellow beings! And he is an American graduate, for Chiropractic is an exclusively American "system." And then the Chiropractors get mad when we call them fakirs and ignoramuses.

We have just glanced thru the January number of *The American Journal of Physiologic Therapeutics* and we congratulate its Editor, Dr. Harrower, upon it both from a qualitative and quantitative point of view. Dr. Harrower is a hard worker and we believe he will make good. We wish him success.

Of the general medical journals there are three which we are watching with interest and which are continually making progress. They are *The American Journal of Clinical Medicine, American Medicine* and *The Interstate Medical Journal.* Each journal has an active, hustling personality behind it and such journals are bound to succeed.

We have been highly complimented on the unflagging interest and continued improvement which the CRITIC AND GUIDE has exhibited during 1910. The C. and G. for 1911 will be better than ever. Of this we are certain. Ergo, renew your subscription.

Will you please renew your subscription without waiting for a bill? $1.00 a year, but better $3.00 for 4 years or $10.00 for life.

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The Banquet Table

Some congenial physicians, tired of the deadening drudgery of a physician's life, decided to meet at more or less regular intervals, to dine together, to exchange impressions, in short, to have a jolly restful time. It was suggested that each of the members of this informal club prepare for each meeting a brief article—even of only a few lines—for the amusement of his fellow members. The article should preferably be a mild satire, or a comment, on some of the evils of our profession, or on the foibles of our leaders. Some members objected on the score that they could not write. They were told that an interesting or amusing clipping would do. It was decided to print the member's contributions in the CRITIC & GUIDE, and we are glad that our readers will be able to participate once a month in this feast of wit and good humor.

Lay Ideas About Physicians.

How little understanding of the physician's psychology is manifested even by the intelligent laity (and it is well)! Thus Sarah Orne Jewett, herself the daughter of a physician and hence one who might be supposed to know the truth, writes in "The Country Doctor" of Doctor Leslie coming into the room of the dying consumptive in this wise:

"There was something singularly self-reliant and composed about him; one felt that he was the wielder of great power over the enemies, disease and pain."

Now most of us do not enter the rooms of dying consumptives in singularly self-reliant moods, and we are seldom conscious at such times of the great power over disease so graciously ascribed to us by romancers.

We wonder in what light the wives and daughters of most physicians regard the family heads. Are the latter heroes in the eyes of their women folk? And do they themselves encourage fond belief in their great power over disease?

We fancy that we have detected a more or less latent belief on the part of certain physicians' wives in their partners' possession of superhuman skill and judgment. In some cases belief is supplanted by conviction.

It is a kindly trait in the women, we think, this idealization of their commonplace practitioner husbands. But so far as our observation goes the men who justify it least invite it most.

Vermin Proof Houses.

An interesting departure in the construction of dwellings is a row of so-called vermin-proof houses in Brooklyn. They are so built that spaces between floors and ceilings and between walls are eliminated.

This type of construction should meet the unqualified approval of sanitarians. The part played by our domestic vermin in the transmission of disease is undoubtedly considerable.

Race Suicide in the Country.

According to the statistics of the New York State Department of Health the excess of births over deaths in the

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cities is far greater than in the country districts. This, of course, is contrary to the popular notion and rather difficult to account for. We confess that our own ideas have been rather in agreement with the popular notion. The causes of so-called racial suicide (racial conservation would be a better term) in the cities do not operate with the same intensity in the country. There must be different and additional factors at work in the rural districts as well as those which operate in the cities, and these different and additional causes must be more potent than the common factors. What can they be? Children are as much farm assets as they ever were, theoretically. We do not know enough about farming to say that, practically, children have ceased to be farm assets. Logically, this must be the situation.

Evidently the farming classes are being touched in some way by the rotten economic conditions that the city classes are being touched by—and touched much more insistently.

The Sterility of Harvard Graduates.

A Harvard professor has been at pains to figure out that the rate of birth shown by the families of the Cambridge alumni is so low that did the University depend upon its alumni to furnish student sons it would have to close its doors. It might almost be said that the alumni of this institution are not reproducing themselves.

We have heard it argued that there is a sterility born of the intellectual life. We think that most Harvard men can be safely acquitted of the impeachment of an intellectuality of sterilizing degree.

Such statistics as the foregoing are generally put forward in a menacing manner. We are expected, invited or commanded to believe that this failure of Harvard men to reproduce their kind is fraught with all manner of woe to the country.

Well, now, we are not committed to any faith in Harvard alumni as representing a special apostleship of citizenship. We confess that there have been times when we have thought of the possibility of an augmented Harvard roster as itself a menace of a certain sort. This attitude need puzzle none but the ingenuous.

The Blazek Female Twins.

The Blazek female twins afford a curious instance of the sexually anomalous. There is an osseous iliac connection and a fusion of the buttocks. While distinct persons, there is yet a common rectum and a single vagina. One of the twins recently bore a child, after which both women presented the phenomenon of lactation.

Here we have an interesting situation. Should not the husband of one be the husband of both? How, on moral

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grounds, could two husbands be brought into the case? Impregnation in either uterus might follow intercourse. If two husbands be imagined then the extraordinary marital situation is apparent wherein a husband cannot enter into sexual relations with the woman to whom he is married without entering at one and the same time into sexual relations with another man's wife. Would this constitute adultery to the legal mind? Could it be argued that such adultery can not be connoted unless there be intent—that there are times when adultery is not adultery?

A curious side of the case appears to be the fact of seduction. The father of the child aforesaid is not the husband of either twin. Two women seduced at one and the same time! What was the psychology of this affair? What ho, ye double personality sharps! Will Doctors Morton Prince and Boris Sidis please step forward and elucidate (we honestly think they would be stumped.)

The twins present no problem to *Nature*. Their sexual destiny is worked out while we are philosophizing about the problems.

In Paris some clever French dramatist would write a farce around this bizarre affair.

Neurologic Piffle.

We encountered the following piffle in a Sunday issue of one of the large metropolitan papers the other day. It is part of an interview with an eminent neurologist.

"There are people, spoiled children of fortune, children of the breathless pleasures, who are absolutely beyond the pale of any (curative) influence—who have tasted too deeply of the fruit of the tree. Worn out, indifferent, these neurasthenics are the despair of the neurologist. It seems to me that in the stimulating air and the silent, never ending spaces above us, where there is new life, where the old world is forgotten, there will be found some of the rest for the weary and the hopeless which we were taught in childhood would come in another world."

The purpose of the interview was to enable the eminent neurologist to exploit his ideas upon the balloon treatment of neurasthenia.

We heartily second the project. We should applaud with enthusiasm the gathering together of all the spoiled children of fortune and of the breathless pleasures—whatever they are—and the loading of them all in a very large balloon, not forgetting our eminent neurologist, who should be persuaded to go along as medical officer—or equilibrator—if you like. They might succeed in reaching that "other world," and we should be rid of them in this.

We fear, however, that balloon therapy will not become very popular and that the children of fortune and of the

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breathless pleasures will remain upon our backs for some time to come. Besides, can they not seek solace with their medical windbags, such as the aforesaid eminent neurologist?

At the Gate of the Future.

The tenement house, the saloon, and the undertaker's shop sustain close social relations. Take any one of them out of the "picture" and your slum is not a very convincing slum. They form an unholy trio.

Healthful or unhealthful social conditions may easily be inferred in a city from the number of these very objective evidences.

But these are trite observations; we are only reiterating bald statements of facts which have become commonplaces; we are once more proclaiming the perfectly obvious. Society to-day understands very well the identity and character of its menaces. But it is still curiously hypnoidized by them. It stands rather impassively, apparently, regarding them. It is improving the tenements a little, and raising the saloon licenses, and as valiantly burying the dead as ever it did. But the social conscience became really nascent only yesterday. It is fermenting now. It will ripen yet. Clear minds and strong hearts and splendid characters are thinking and working. Many persons are talking—but they count for little. These things are of slow growth. You can't expect people to see the essential immorality of only *alleviating* misery—when it is possible to *remedy*, it—all at once. For a little while we must "stand for" the improvement of tenements, instead of their abolition, and some of us must be content to be classed as dreamers and Utopians for a few years more.

Before radical action must come much observation and thought. It is radical action that we look for—nothing else can abate the masked foulness of the world, this world in which happiness is only sporadic when it could be general. For it is masked.

They who are applying palliatives and plastering society's festering sores are still applauded by the corrupt but unthinking classes who are mainly responsible for their fellow men's miseries. But these corrupt classes are, all unwittingly, training and nourishing the very people who will yet clean our Augean stables by *abolishing* them.

A vast army of people is engaged in social service and but one result can ultimately flow from this fact. The members of this army are far above the masses in intelligence and education and in social, political and economic potentiality. While working hard in the field of immediate palliation *most* of these men and women are coming to understand more and more clearly in what the real remedy lies. Newspaper men have especially clear vision in these matters. If the great body of them were unfettered by the "interests" they could

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use their powerful organs in the interests of the Social reformation. Individually socialistic, collectively and officially and institutionally they cling to reactionary policies. It is commercialism which postpones the fruition of their enlightenment and what could be the greatest agency for good continues subsidized and sordid.

But the splendid souls are even now among us who will tell us what we shall do to be saved—and lead the fight. Verily can they be named!

The Conservation of the Body and Mind as well as the Conservation of the Forests.

When men living under a relatively fixed social system, and striving to improve their physical, mental and moral condition as far as possible, finally reach a point beyond which progress can but little further go under such a system, then it is time to think about a new and better social order. Indeed it is time to supplement sane thought with action, which action need not be revolutionary in the violent sense, nor evolutionary either, in the meticulous sense in which the reactionaries and those who are profiting unlawfully thru existing institutions invoke the term.

Even the specially privileged and the selfish must finally come to realize that in the long run they pay penalities commensurate with their so-called gain. The punishment fits the crime. If certain rich men's greed crushes their brethren and forces them to live in disease-breeding slums, are not the former's children bound to acquire the slum's tuberculosis and scarlet fever? A vicious circle is surely established. Rockefeller would give half his wealth if he could call back his nephew dead of scarlet fever. It may be said that the very rich have it in their power to isolate themselves and their children from the sickly poor, but that is the one thing they cannot stand, and it is their most creditable trait—isolation from their fellow men, whether they be poor or rich. Rockefeller suffers more from the attitude of his countrymen than from any other single thing in his sphere of life.

They pay other fearful penalties. There are those cads of the later generations—the Harry Thaws, Robert Chanlers and a large army of relatively unknown gentry of similar types. Inevitably in the later generations are seen the neurasthenic [of the essential, congenital form], the mentally unbalanced, the perverted, the parasitic, and the plain genus cad. How often are real men nurtured upon swollen fortunes?

The so-called middle classes are the greatest sufferers from the social and industrial state of affairs that now obtains. They have all their sensibilities in operation. The habitually poor, representing whole generations of crushed existence, do not suffer in the same degree. Their sensibilities are relatively obtunded. The middle classes have the capacity and the aspira-

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tion to live full lives but their yearnings are not realized. What sadder situation than that of good, clean, bright, decent people making a desperate and never ending fight to conceal from themselves that their lives are sordid and that they are hopelessly crushed between the two social millstones, the miserably poor and the outrageously rich? And the only anesthetic which they possess is the vicious, sophistical philosophy of contentment, Christian humility and resignation, the uncovetous spirit and the denial of class warfare, all cunningly and sedulously cultivated in them by their conscious or unconscious oppressors.

All these things have a very definite interest for physicians, for we know their relation to disease. They have a further interest for us, in that we ourselves are of the middle class. The problems are personal no less than social.

Chains.

He was unhappy.

For he was a slave.

He felt he was a slave.

His chains were many.

From childhood he was tied hand and foot by the triple chains of Religion, Superstition and Tradition.

Then there were superadded the chains of Parental Respect, of Custom and of Public Opinion. They held him down and did not permit him to live the Free Life.

And the home and his native town became irksome to him.

But the heaviest of all chains he considered the chains of Matrimony. They cramped his individuality and they did not permit his Soul to expand and to express itself.

He yearned for Freedom. He wanted to roam the world a Free Man, untrammeled, unfettered and unrestrained.

And being possessed of a great mind and of a strong will he proceeded to obtain his Freedom.

He began to break the chains. It was a slow laborious process. For the chains were strong and heavy. And it required years of unremitting toil. But he was persistent. And his efforts were crowned with success.

One by one he cast off the chains of Religion, of Superstition, of Tradition, of Custom, of Public Opinion, of Home, Country, of Family and of Married Life.

And he stood forth a Free Man.

And he roamed the world in perfect freedom, untrammeled, unfettered and unrestrained.

He had obtained, at last, what for so many years he had yearned for and worked for.

He was a Free Man.

And he was unhappy.

More unhappy than ever.

W. J. R.

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Obscenity vs. Scientific Discussion.

There is a vast difference between obscenity and a scientific discussion of important problems. The editor positively detests every kind of obscenity, loathes smutty stories and would gladly see the suppression of every book whose sole object it is to excite the sexual passions of the immature or of the roués. But we must be very careful not to interfere in the slightest degree with a free and full discussion of all sexual and venereal problems. Such a discussion is needed in the interests of the health, of the welfare of humanity.

We must look at the motive, at the object. After all they are not so very difficult to fathom.

The Editor wishes you all a happy New Year; and let this universal wish serve instead of individual New Year's cards, which he was too busy to send out this year.

The Editor also craves the indulgence of some of his correspondents, whose letters he failed to answer. Simply a physical impossibility. Every year the editor promises himself that now he would take things easy, and every year he has more to do than the previous year.

Well, he will rest after his ashes have been deposited in the pretty urn.

Some funny notions are prevalent among some people regarding Salvarsan ("606"). So many of the laity think it is a remedy for internal administration, and all they have to do is to swallow a teaspoonful of it—and presto, every symptom of disease has disappeared for ever, never to return! And what is stranger still, even some physicians asked us, whether 606 could not be given by mouth, in the form of pills, or tablets.

We have lost many opportunities of injecting 606. Of course we consider it our duty to tell the patient exactly what may be expected of the drug, and we are careful to explain to him that no more positive guarantee of an *absolute* cure can be given, than after a mercury course. And then they are disappointed. A layman cannot understand, that a drug may not be an *absolute* cure for a disease, and still be the most wonderful discovery of the age.

Is there going to be an end to books on the sexual question? Tho many of the books are just wishy-washy stuff, still it is a good sign. Better an excess, than a total lack, which latter was the case only six, eight years ago.

In reply to numerous inquiries: Yes, laymen are eligible to membership in the American Society of Medical Sociology. And members may be residents in any part of the world.

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What to do with the Prostitute and How to Abolish Venereal Disease.

BY WILLIAM J. ROBINSON, M. D., NEW YORK.

I have brought you ideas, not words;
I have come to instruct, not to amuse.

I am speaking here to-night not as a matter of pleasure, not in order to hear myself talk, which I distinctly dislike, not for the purpose of creating a sensation, which I despise, not for the sake of notoriety, which I detest; I am speaking here to-night because of a sense of deep-felt duty. Venereal disease is sapping the vitality of the nation. Its ravages are terrible. The public has no conception of the enormity of the damage done to the present and future generations by the two principal venereal diseases, gonorrhea and syphilis. And nobody is offering or suggesting an effective remedy. I had hoped that our societies for the prevention of venereal disease, euphoniously called societies of Moral and Sanitary Prophylaxis would attack the problem radically. But they only skim the very surface of it; they refuse to go to the root of the evil; they refuse to suggest a remedy, except the old and *admittedly inefficient* remedy of preaching continence. I have therefore felt it my duty to bring the subject prominently before the public and to offer what I consider the only effective remedy for the abolition of venereal disease.

Before I commence with the subject proper I wish to touch upon a few points. First, I beg to state that if you expect any elocutionary pyrotechnics you will be disappointed. I am not an orator. I am spending my life in the study and not on the platform, and I always prefer sense to sound and logic to alliteration. Yes, I prefer the plainest truthful statement to the cleverest but untruthful epigram.

Second, I shall speak to you to-night as a physician, as a hygienist, as a sociologist, and not as a moralist. Not because I am ready to subscribe to the dictum, that morality is merely a matter of geography and chronology, but because morality, equally with religion, has failed signally in dealing with the problem. We must therefore look to medical sociology for a solution.

Third, I want you to notice that I am speaking of the present day and present day conditions. To say, that we can abolish prostitution by changing our economic conditions in such a manner that everybody will live in comfort and luxury, is probably true, but it is absurd, and beyond the pale of discussion.

Delivered before the Sunrise Club, November 21st, 1910.

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For we cannot change our entire social system in a year or in half a century, and I speak of remedies which could be adopted and put into practice to-morrow.

Fourth, I generally speak to and write for medical audiences only, and I am therefore used to calling things by their right names. I should be sorry to shock a single person in the audience, but I should be still more sorry to mask, to hide or to pervert the truth, as I see it, for fear of shocking every one of you. He who is afraid of wolves should not venture into the woods. He who is afraid of plain language should not attend scientific discussions.

There are certain questions which must either be left alone altogether, or if handled they must be handled with absolute frankness, with absolute sincerity, with perfect openmindedness, and with perfect indifference as to where the results of such investigation may lead us to. The question I am to discuss to-night concerns the very life and health of society, concerns *your* life, *your* health, and belongs to this category. And one thing I can promise you: Whether you are shocked or not, whether at the conclusion of the lecture you shower blessings or anathemas on my head, upon one thing you will all agree: You will agree that the speaker was frank and open, that he did not hide behind generalities and circumlocution, that he did not beat about the bush, that he did not leave himself any loophole, and that he spoke so plainly that nobody in the audience, of ordinary intelligence and a grammar school education, could help but understand him.

With this little introduction we may proceed.

Prostitution has been in existence from the earliest beginnings, from the very inception of our civilization, and it will be in existence as long as our civilization lasts; if you think (I don't) that our present system of civilization will exist *forever*, then *prostitution* will exist *forever*. The severest measures of municipality and king, the strictest edicts of the church at a time when the church could not only curse but crush, imprison and burn, the cruellest and most humiliating punishments, branding, public exposure, special costumes, exile, etc., etc., have failed to abolish or even to diminish prostitution. And as chronologically we can find no period in which prostitution did not exist, so geographically we can find now no spot where it does not thrive. In the frozen villages of Siberia, in the flowery Kingdom of Nippon, on the luxurious shores of the Ganges, in Moscow and in London, in Calcutta and Madrid, in Berlin and Cairo, in lovely and warm Paris and in severe and cold Bostontown, you will find a plentiful supply of the so-called daughters of joy. Yes, you can find them at the very walls of the Vatican, and I have met them in the vestibule of the greatest Church in Christendom, St. Peter's in Rome.

And only persons of extremely inf··tile minds can believe that, leaving social and economic conditions as they are, prosti-

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tution, the oldest profession in the world, as Kipling calls it, can be abolished. It cannot be done. You can annoy the prostitute, you can hound her, you can persecute her, you can make her life more miserable than it is, you can scatter her, but you cannot abolish her. You might as well try to abolish the law of gravitation.

But not only is the abolition of prostitution impossible; the abolition of prostitution *if possible*, would, under our present social conditions, be *undesirable*. When men on account of our social and economic conditions are compelled to marry at the age of 25, 35 and even later, then prostitution becomes not only a useful, but an absolutely necessary institution.

For I do not belong to those who believe, or think they believe, that a man can remain continent to an advanced age, without grave injury to his sexual system and often serious injury to his general and nervous system. And I believe I can say without egoism that I have had as much experience with this particular class of patients as any physician living.

This subject of the necessity or non-necessity of sexual intercourse is of extreme importance and I should like to discuss it to-night, because it is indissolubly, organically connected with the question of the necessity or non-necessity of prostitution. But the subject is so large that it itself would require an entire evening for proper discussion; I therefore must limit myself to a few remarks.

I firmly believe with Freud and his school that the cause of numerous nervous and mental diseases, neurasthenia, psychasthenia, various phobias and obsessions, is to be looked for in a too long repression of the sexual instinct. I firmly believe—and my belief is based upon actual knowledge—that in many cases sexual abstinence is the sole cause of sexual impotence. And sexual impotence in a married man is a terrible calamity. During the last few years we have heard a good deal about the misery caused by venereal disease; we have pitied the innocent unsuspecting wife whom her lord and master infected with gonorrhea or syphilis; but not a word have we heard of the terrible suffering caused the wife by an impotent husband. And I tell you, there is more gloom, wretchedness, suffering, misery, disruption and divorce caused by sexual impotence than by venereal disease. And if I were a woman and were obliged to choose for a husband either a venereally infected or an impotent man, I would choose the former. First, because it takes less time to cure venereal disease than it does to cure impotence, and second because, against venereal infection we can easily protect the woman, while against impotence we can do nothing while it lasts, except to advise the woman to get another husband —or lover. Which is of course not the proper thing to do.

And I further believe that with the abolition of prostitution sexual immorality of all kinds, cases of rape and particularly cases of incest, would increase enormously. In fact cases of the

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latter are now more common than is suspected by the public. I know of numerous cases, but I will refer to only one, because it is of very recent occurrence.

It was an ideal family. The mother, a widow, devoted her entire life to the proper bringing up of her children. She watched their steps, and did not permit them to stay out nights. The son, 22 years old, was a model boy. He never drank, never stayed out with the boys, worked faithfully in the office and altogether was the joy of his mother. Unfortunately his sister, a beautiful girl of 17, became pregnant, and it was found out that it was the model brother who impregnated her. I will spare you the recital of the tragedy that followed. And I believe that with the total abolition of prostitution and other free relationships, such cases would become quite frequent.

IN SHORT, PROSTITUTION AT THE PRESENT TIME IS AN INSTITUTION, OR AN EVIL IF YOU WILL, WHICH WE COULD NOT ABOLISH IF WE WOULD, AND WHICH WE WOULD NOT ABOLISH IF WE COULD.

Granting, then, that prostitution is a necessary institution and that its abolition is both absolutely impossible and undesirable, what can we do to mitigate or perhaps do away entirely with its concomitant evil results?

Prostitution drags two evils in its wake: one is the seduction of immature boys, the other is the spread of venereal disease. Scattered thruout the city, living in various tenement or apartment houses, walking the streets freely, the priestesses of Venus, by their solicitations, importunities and other practices, excite the libido sexualis in young, innocent boys, and many of the latter, who would perhaps remain chaste for several years longer, are thus drawn into intercourse at a very early age, often to their permanent physical ruin. The principal responsibility for this evil rests upon the shoulders of our prudes and purists. The remedy for it is a simple one: segregation. Let all prostitutes be segregated in certain quarters, as they are in Hamburg, for instance. Then they cannot injure the unsophisticated young boy; they cannot tempt the passer-by. Only men and boys will go there who *want* to go there.

As to the prevention of venereal disease, that problem, formidable as it seems, can be solved successfully, provided we approach it honestly, boldly and are willing to use a little common sense.

What are the requirements necessary for the solution of the problem?

1st. The first requirement, and a requirement that is a *sine qua non,* is REGISTRATION. Every prostitute should be registered and licensed. Prostitution is a business or a trade that deeply affects the health of the people and we have a right to regulate all trades which affect our health as we have the right to supervise all sanitary problems.

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2nd. HYGIENIC INSTRUCTION. After a prostitute has been registered and licensed, she should be given instruction in sexual hygiene. She should be warned of the dangers of venereal infection, instructed in the course, symptomatology and superficial diagnosis of the three venereal diseases and their terrible effect on health and life, and she should be shown how to guard herself against infection. Incidentally she should also be taught how to guard against impregnation, for our remedies for the prevention of conception are now pretty sure and certain, and society certainly does not care to have its prostitutes bear children. I am sure that not even Theodore the First and William the Second would object to the non-fertility of our prostitutes. All this can be done in a hour's talk, or a suitable pamphlet can be prepared for the purpose. The methods and remedies for the prevention of infection are so simple, that it is absurd to think for a moment, that any prostitute would not use them if told *how*. It is to her own interest. She certainly does not want to suffer the pain and disfigurement caused by gonorrhea and syphilis. She certainly does not want to be deprived for several weeks of the means of making a living, she certainly does not want to be imprisoned in a lock hospital for several weeks or months. In short, her "career," her livelihood depends upon her being healthy.

3d. INSPECTION. The prostitute should have to undergo a medical examination twice a week, (but at least once a week), at the hands of competent and highminded physicians, fully conscious of their delicate task and heavy responsibility. I should prefer female physicians for this purpose. Whether the physicians should attend the prostitute at her home, whether the latter should be forced to go to the physician's house, or to the police office, or to a special dispensary, is a minor detail, which will be worked out by experience.

4th. VENEREAL HOSPITAL. A venereal hospital is a logical corollary of medical inspection. If disease or suspicion of disease is discovered, the prostitute should at once be rendered harmless. Rendered harmless by being conveyed to a hospital and kept there until every possibility of infection on her part has been removed; whether it takes weeks or months is immaterial. But the hospital should have nothing of the prison atmosphere about it. The prostitutes should not be treated like criminals or prisoners. They should be treated with the same delicacy, care and scrupulousness that we treat patients suffering from typhoid fever or pneumonia. The prostitutes are the victims of our social system, their lot is miserable enough and we should not make it more wretched than it is.

And altogether, whether in the hospital or out of the hospital, the prostitute should be treated like any other human being. As long as she behaves herself and is not

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diseased, she should feel that nobody has any right to harass or annoy her, and that she has no more to fear from any grafting policeman or crafty politician than has any respectable woman.

5th. Last but not least, in fact as important as all the above measures taken together, is the INSTRUCTION OF THE YOUNG MAN IN SEXUAL HYGIENE. And by instruction I mean not only teaching him the necessity of constantly occupying the mind and body in order to avoid or to be able to overcome sexual desire; I mean not only teaching him the dangers of infection; I mean not only teaching him the course, symptomatology and superficial diagnosis of venereal disease; I mean not only impressing upon him the pernicious effect of alcohol as the greatest enemy to sexual continence and the greatest factor in venereal infection; I mean also teaching him plainly and frankly how to prevent infection, telling him what the best venereal prophylactics are and how to obtain them. This measure alone will in two decades do more towards limiting and eventually stamping out venereal disease, with all its misery, with all its sickness and mortality, with its insanity, with its invalided disfigured and desexualized women, blinded, deformed and stillborn children, than all our chastity preaching has done in two thousand years.

Within the last five years we have learned more about the nature and prophylaxis of venereal disease than we have in the previous five hundred years, and we possess now remedies which may be called infallible preventives. So efficient are they in preventing venereal infection, that in the army and in the navy it is proposed to consider the contraction of venereal disease a military offence; not because sexual intercourse is objected to, but because the contraction of venereal disease is taken as prima facie evidence that the soldier or sailor was careless and disobeyed orders, and did not use the prophylactics which the authorities had given him.

And I say it with all the emphasis I am capable of: Not to put those means, which every enlightened government, *including the government of the United States*, now puts into the hands of its soldiers and sailors with such remarkable results, within the reach of our young men, is a crime. It is a stupid, useless, blundering, inexcusable crime.

What is the reason our "good" men and women object to letting young men know how to prevent infection? The reason is this: According to them the fear of venereal infection acts as a deterrent of illicit sexual indulgence. But does it? If it does, who supports the 50,000 prostitutes and half-prostitutes in New York City? Who supports in ease and comfort and even in luxury the thousands upon thousands of the *filles de joie* in all the large cities of the world? The

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fear of venereal infection is not a sufficiently strong deterrent. Even men who were caught once and who suffered the agonies of acute urethritis, epidydimitis, buboes, strictures, etc., and who swear that they would never never expose themselves again, forget their vows, when they are fairly cured, and, when the voice of the libido sexualis calls strongly, subject themselves to the same risk. And even medical students, and yes, sad to relate, even physicians thoroly familiar with the dangers of venereal infection and the terrible consequences of venereal disease, have been known to expose themselves once in a great while; once in a very great while.

And even Catholic priests who firmly believed that they would be damned forever have been known to suffer from gonorrhea and syphilis. No, fear of infection is not a sufficiently effective deterrent—otherwise we would not have several million gonorrheics and syphilitics in the United States.

But assuming even that fear of venereal infection does act as a deterrent in some people, and assuming that a diffusion of knowledge of efficient venereal prophylaxis would tend toward an increase in sexual intercourse, that would be *far preferable* to venereal disease. At least it seems so to me. Of all evils we always choose the lesser one, and if promiscuous sexual intercourse is an evil, it is so *infinitely* a lesser evil than the venereal plague, that in my humble opinion there can be no hesitation as to the choice.

To permit you to orient yourselves I will summarize briefly what I have said so far:

1. The complete and too long repression of the sexual instinct is fraught with danger and may be the cause of various neuroses, psychoses and sexual impotence.

2. I have nothing but contempt and pity for the debauchee, whose whole life in centered in sexual intercourse, but from a biologic point of view, the natural satisfaction of the imperious demands of a natural instinct is neither criminal nor sinful, nor immoral, and I regret to say that the words licit or illicit, marital or extramarital are not to be found in Nature's dictionary.

3. Under our present social conditions prostitution is a necessary evil. ITS ABOLITION IS BOTH IMPOSSIBLE AND UNDESIRABLE.

4. The real evil of prostitution lies in its being the source of venereal disease. But practically all danger of venereal infection can be avoided by adopting the following measures:

a. For the woman: Segregation, registration, sexual instruction, medical inspection, and in case of disease, hospitalization.

b. For the man: Instruction as to the effects of alcohol in increasing sexual desire and the liability to infection, in-

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struction as to the dangers of venereal infection, and instruction as to the best and most efficient means of prophylaxis.

With these means, which are and in a sensible community should be easy of adoption and execution, venereal disease could be abolished, or at least reduced to a negligible quantity, in two decades.

This is particularly true now, when we have in our possession that wonderful discovery of Prof. Ehrlich, paradioxydiamidoarsenobenzol dihydrochloride, commonly known as "606." With that remedy, syphilis, one of the most horrible of human scourges, loses many of its terrors and becomes a very tractable disease. It is impossible to estimate the number of lives this remedy will save, the amount of suffering, misery and insanity it will prevent, the number of homes it will save from disruption—in short it is impossible to compute how much this remedy will contribute to the health and happiness of the human race. I cannot refrain from remarking, *en passant,* that the discovery of this remedy would have been absolutely impossible without animal experimentation, viciously miscalled vivisection. Yes, if our friends the antivivisectionists—and I hope we have some of them with us to-night—had their way, the discovery of "606" would have been impossible. *Any progress in medicine would become impossible.* The pity of it! But we confidently hope that they will not have their stupid vicious way.

Does Regulation Diminish Venereal Disease?

When we make a plea for the control and regulation of prostitution, we are sure to be confronted with the statement of the anti-regulationists to the effect that "regulation does not prevent or diminish venereal infection;" that "it has been tried in many cities and has proved a failure." That regulation does not entirely prevent venereal infection we all know; but to state that it does not diminish it, is untrue. Only a person with a somewhat dense mind, a mind with a peculiar kink in it, can make such an assertion. I should like to take such a person on an hour's visit to one of the venereal lock hospitals, say, in Vienna. I could show that good person during that hour, two or three hundred women affected with gonorrhea, syphilis and chancroids in various stages of intensity—from mild to horrible. The condition of some of the women would, I wager, make my visitor faint—sick at heart and sick at the stomach; and he or she would probably not be able to enjoy a meal for several days to come. I am somewhat callous to the sight of venereal disease in all its sweet, beautiful manifestations, and still I confess that a visit to one of the European venereal hospitals always makes me slightly ill. The horribly smelling discharges, the condylomata, the ulcerating chancroids and phagedenic chancres, the mucous patches and papules and pustules are not pleasant sights to contemplate, nor pleasant subjects to talk about. But on

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leaving the hospital, after getting a little fresh air, and perhaps spraying ourselves with some perfume. I would ask my kind visitor: What would all these prostitutes do to-night, if they were not under control, i. e. if they had not been registered and obliged to appear for a medical examination? What would they do to-night if they were not locked up in the hospital? They would be plying their trade—all of them with the exception of those who are too ill to walk, or who are in so nasty a state that not even a blind man could fail to become aware of their horribly diseased condition. Yes, they would be plying their trade to-night and to-morrow night and every other night. And do you know how many new cases of gonorrhea, chancroid and syphilis that would mean? And not only disease to the sinful, wicked man, but disease perhaps to his future wife and children. It is horrible to contemplate. We know of a case where one prostitute *infected* six men in one night; there is a case an record where one woman *infected* 28 soldiers in 24 hours; there are cases where one prostitute infected an entire village or town. There is a class of low degenerate creatures among the prostitutes who take particular delight in infecting men; they say, "the nasty men gave it to me, I will give it to them." Should not such creatures be rendered harmless?

I could give you lots of statistics on the subject, but of what use are they? You know how statistics are abused and how they can be perverted to serve almost any purpose. You have all heard of the three kinds of lies: lies, damned lies and statistics.

No, my friends, no statistics are necessary to prove that regulation, medical inspection and hospitalization are important factors in *diminishing* venereal infection. *If common sense does not show you that it must be so, no statistics will convince you.* None so blind as those who will not see. That regulation does not do away entirely with venereal infection is true; but this is due to the fact that the examinations are not frequent enough, there are not enough inspectors and therefore the examinations are too hurried sometimes; also to the fact that up to very recently the methods of diagnosis and treatment were not so perfect as they are now. We also must remember that a good deal of venereal disease comes from secret, clandestine prostitution—but regulation is certainly not to be blamed for that.

If we had a method by which we could reduce the number of cases of typhoid fever or pneumonia to one-quarter or even to one-half of their present incidence, we would consider it a wonderful method and no expense would be considered too great. By regulation alone we can reduce venereal infection fifty per cent; by regulation combined with the other accessory measures indicated by me (sexual instruction, including the instruction in the *means* of venereal

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prophylaxis), venereal disease can be abolished or at least reduced to a negligible quantity. Are we not CRIMINALS if we refuse to adopt these measures which would save thousands and thousands of men from horrible disease, from locomotor ataxia, general paresis and insanity, thousands of innocent wives from pain, humiliation chronic invalidism, involuntary abortions, sexual mutilation, and millions of children from illness, deformity, premature death, and what is worse than death, idiocy?

I ask again: Are we not criminals if we refuse to adopt such hygienically beneficent, life-saving measures?

I leave the answer to you.

Where Shall the Pharmacopeia Draw the Line of Demarcation.

BY SOLOMON SOLIS COHEN, M.D., PHILADELPHIA.

Perhaps no revision of the *Pharmacopeia of the United States of America* has been anticipated with so much interest, or has given rise to so much preliminary discussion, as that which is to result from the meeting of the Pharmacopeial Convention of 1910. Of all the questions that will be raised at the convention and decided either there or afterward in the deliberations of the Committee of Revision, none is so important as that of the scope of the work. We may safely trust the establishment of just standards to the discretion and integrity of the committees that may be charged with this work. It is extremely unlikely that they will be prevailed upon either by unworthy commercial interests to legitimize preparations deficient in quality or dangerous by reason of permitted impurity, or on the other hand, that they will be led by the desire for impossible perfection to set up a standard so exigent that it will be difficult for manufacturers to prepare, or for dispensing pharmacists to obtain, articles that will saftisfy the requirements.

Concerning the admission and exclusion of medicaments, however, there is wide divergence in the views expressed by qualified writers, and thus a real danger exists, of the Revision Committee going astray. It is highly desirable, therefore, that there should be, in advance of the convention, so unmistakable an expression of opinion upon the part of practicing physicians, as well as of teachers of therapeutics and pharmacology, that the danger may be averted. The chief differences of opinion are in relation to the following subjects:

1. Shall the Pharmacopeia include all drugs that are in general use by physicians, or only those which are of "established therapeutic virtue?"

2. Shall the Pharmacopeia include more than one preparation of the same active drug?

3. Shall the Pharmacopeia include more than one agent of the same general class?

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4. When a drug is fairly well represented by an active principle, shall the latter only be admitted, excluding the crude drug and the galenical preparations, or shall they all be retained?

5. Shall new drugs be admitted if their therapeutic value has not been established both pharmacologically and clinically?

6. Shall new drugs be admitted if they are monopolized thru patent or trademark?

Unfortunately, in current discussions most of these questions are jumbled together or mixed up with irrelevant issues. For example, the questions of patent and trademark protection, on the one hand, and of secrecy, on the other hand, are—sometimes ignorantly and sometimes wilfully—confounded. As a matter of course, there can be no standard for a secret preparation; hence it must remain extra-pharmacopeial. It should not be used by any self-respecting physician. But the question of the admission of patented and trade-marked preparations is open for discussion. Again, the proprietary mixture is ignorantly or designedly spoken of as if it were the same as the proprietary compound—but a compound is a single substance of definite chemical composition, and a mixture is a composite of several substances. With a few notable exceptions, even non-proprietary mixtures are, and should be, excluded from the Pharmacopeia. Their place is the National Formulary. But concerning definite chemical compounds in which the law has given proprietary rights, the question is at least open to debate.

There is no doubt that at the coming convention a determined effort will be made not only to restrict very closely the number of admissions, but also to bring about a large number of rejections. This effort is based upon a fundamental error as to the function of the Pharmacopeia. It is assumed by the advocates of exclusion that the Pharmacopeia is a work on therapeutics, and that the description of a drug in its pages is tantamount to an expression of opinion upon the part of the medical and pharmaceutical professions that the drug is of established value in the treatment of the sick. Hence it is argued that drugs which have lost their vogue among modern educated physicians or drugs which have not in the laboratory proved themselves to be capable of producing definite effects, should be discarded. It is obviously unwise to waste the time and energy of the Committee of Revision in elaborating standards for preparations intrinsically worthless or in very little demand. The difficulty lies in determining what establishes the value or worthlessness of a remedy, and what is the measure of its demand. If a little personality be excusable, I can make my own position on this subject clear. There are in the present Pharmacopeia many titles of remedies of which I have never found occasion to prescribe. On the other hand, I find frequent occasion to prescribe preparations for which I am sure my friend Osler—for example—has no use; and among them some which have not, as yet, found

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their way into the Pharmacopeia, and others which have been dropped from the eighth or previous revisions. Again, there are doubtless many physicians here present, and assuredly many hundreds scattered thruout the country, who prescribe, with advantage to their patients, preparations that are not used by Osler or by me. Nor do they all prescribe exactly the same extra-Oslerian or extra-Cohenian remedies.

Whose opinion as to the value of drugs is to rule the convention and the Committee of revision? Is it to be Osler's opinion? Is it to be my opinion? Is it to be the opinion of any one here present? Is it to be the opinion of any one of the thousands of physicians not here present? Or is it to be the opinion of all physicians together? Surely it is not to be the opinion of those Pharmacologists, whose experience has been confined to the laboratory and to healthy animals? The value of pharmacological research is indisputable. It is of great weight. But it is not conclusive. Thus, the *Journal of the American Medical Association* has published several articles to prove that cactus is pharmacologically inert: and some of them strongly imply that physicians who report good results from its use are unworthy of credence. Nevertheless I am neither afraid nor ashamed to appear in such excellent company as that of Dr. Roland G. Curtin, of Philadelphia, in support of the high clinical value of cactus, when a good preparation is properly used in suitable cases. Here is the point—a *good* preparation, *properly* used, in *suitable* cases. One who has not used a good preparation of a drug under discussion; or has not used it properly; or has prescribed it in a case for which it is not suitable; or one who has never used it clinically at all, is not in position to dogmatize as to its value. He may properly criticize, suggest, demand evidence. But he cannot properly condemn in the face of competent evidence in its favor; and it is the opinion, and not the drug, that in such a case is to be considered worthless—or at least needs to have its "value established"

The gist of the matter is this: No physician will use all of the drugs for which, even under the most rigid system of exclusion, the Pharmacopeia will find room; and for either pharmacologist or clinician to insist upon a purely personal view as the governing element is to exhibit a narrowness not, in any sense, scientific. Apart from the limitations imposed by the character of one's practice, circumstances of various kinds influence the physician's choice among various remedies, any of which, in a given case, may be useful. By degrees, each of us learns to depend upon certain definite effects which he has found to follow the use of definite agents under definite conditions; and being satisfied with these, and confident of their practical uniformity, he is reluctant to make new experience on uncertain ground. Hence the individual list of used drugs is limited; but the professional list of useful drugs should not be measured by this individual rule.

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The first of the questions stated at the outset of this discussion, therefore, finds a reply in favor of the retention of all drugs now in the Pharmacopeia in the absence of a general consensus of opinion to the contrary among practicing physicians. In the presence of such general consensus, any drug should be dropped or relegated to a secondary list. Admissions of both old and new remedies (in the absence of other reasons for exclusion), ought, similarly, to be decided by the general practice of physicians. There are a number of vegetable drugs, and a few of mineral origin in general use, that should therefore be in the Pharmacopeia, and some of which were given in previous editions. These should be restored or admitted despite objections made from the view point of the laboratory, or by those who do not personally use the drugs in question. For this there is a very simple reason, namely, that general use must be the criterion; and that neither the laboratory standard nor the standard of inexperience can be accepted as conclusive on the question of therapeutic virtue. The laboratory standard is inadequate; and to take inexperience as a guide would be ludicrous.

As to the questions of multiple preparations and of allied remedies, some of us believe that we can discriminate among the several preparations of a given drug that which is most suitable for a particular patient at a particular time, and also that, among drugs having a similar action, we can discriminate as to the particular class of cases, the particular patient, and the particular time under which one will prove more advantageous than another. Moreover, in cases of long duration, in which continued medication is necessary for a prolonged period, we find it to be useful to vary that medication. Thus, for example, we would not limit the Pharmacopeia to digitalis, but would also include strophanthus and adonis. We would not limit ourselves either to sparteine on the one hand or to scoparius on the other, and we see no reason why opium, morphine and codeine should not be retained side by side. We do not think that cinchona should be excluded because quinine has been isolated, and a few of us have found that the best salt of quinine under most circumstances is not any of those which the Pharmacopeia now recognizes, but the double hydrochloride of quinine and urea. Many physicians and pharmacists would prefer fifty per cent. tinctures as a single preparation, to be diluted if necessary, to the present ten per cent. tincture and nominally one hundred per cent, fluid extract (which latter is never what it purports to be). I agree with them, but I do not feel like cramming my views down the throats of those who differ. In fine, it would be unsafe to allow any man or any set of men to act the part of Procrustes toward the medical and pharmaceutical professions, and to limit our official armamentarium, either by personal prejudice or by lack of information.

Among the circumstances which determine the use of one drug or one preparation of a drug in preference to another, apart

from those considerations of art and science to which I have referred, are geographical and economic conditions. We all know that practitioners of the Southern States use calomel more freely than those of the North and East. And the same is true concerning a large number of vegetable drugs and their galenical preparations—veratrum viride and passiflora, for example, two most useful drugs which are popular in the South and West and comparatively little used in this section of the country. Shall veratrum and passiflora be excluded because of this geographical limitation of their use? Are not Southern and Western lives entitled to the same legal guardianship in case of sickness as any others?

Then, again, some drugs are cheaper than others. I can remember the time when in the dispensary I prescribed and directed my assistants to prescribe salts of cinchonidine instead of salts of quinine. This was before the tariff tribute had been removed from quinine. But the same principle still applies in many instances. When a patient can afford the best, irrespective of price, certain elegant, but expensive preparations—e. g., pelletierine—can be employed. In other cases some cheaper drug, say the pomegranate bark or pepo or filix mas must be used. The Pharmacopeia being a book of legal, as well as of professional, standards, both rich and poor are entitled to its protection, and both elegant and cheap remedies must be included; both crude drug and active principle; and as many preparations, in reason, as physicians may desire. For reasons sufficient to me, I prescribe but few extracts or fluid extracts. Other physicians, however use and desire these preparations. Shall my personal preferences and habits—or any other man's—be made a legal standard? It is self evidently absurd.

Thus, we have answered in favor of inclusion and against exclusion without preponderating reason all the questions except that raised by the existence of proprietorship. There are three kinds of proprietorship in "materia medica products" apart from mixtures which are not under consideration: 1. Patenting of process of manufacture (process patent). 2. Patenting of substance (product patent). 3. Trademarking of name. Let me consider, as simplest, the question of drugs protected (i .e., monopolized), by process patent. Twenty years ago I answered this in favor of exclusion, and fought for the principle. Ten years ago I favored exclusion, but I did not fight for it. I am now prepared to admit (with limitations), that exclusion is unwise. Why? Because some questions get themselves answered in the course of time, in opposition to our wishes and our wisdom. Established facts must be recognized and action governed accordingly. If with the patenting of antipyrine the medical profession in general, in Europe and America, had made a stand, as they ought to have made a stand, on the traditional ground of

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professional obligation—the subject would then have been settled for all time, and settled right. But the opportunity was lost; and physicians now use daily, and to their patient's benefit, many remedies protected by process patents. These should be standardized. Their manufacture and dispensing should be controlled by scientific and legal supervision, just as in the case of non-patented products.

When a substance is protected by product patent the question of practicability of control comes in. Can the Pharmacopeia make a practical standard? Subject to the judgment of the experts of the Revision Committee, I believe that it can; and that this will give science a means of bringing manufacturers and their products under desirable supervision.

As to trademarked products the question is one for legal advice. I have elsewhere discussed it, and here can only say that wise handling of the subject may result in the adoption of a general system of scientifically controlled nomenclature, with the elimination of trademarks, except as "brands" of the manufacturer. But admission or rejection should not be governed solely by the existence of trademark.

Meanwhile efforts should be made to eliminate the objectionable features of private control of medicinal agents, by procuring a revision of the patent and trademark laws insofar as they apply to such substances.

To summarize: 1. The Pharmacopeia is a book of pharmacal standards and neither an advisory nor a minority work on therapeutics.

2. Admission or rejection should depend on the voice of the whole profession, and not on the voice of teachers or leaders only, whether pharmacologists, clinicians or therapeutists.

3. Many preparations of one drug are permissible, when desired by physicians in general.

4. Many drugs of similar action are permissible and even necessary.

5. Active principles should not displace the crude drug and galenical preparations, unless physicians in general all agree that the active principle is the only necessary or desirable preparation.

6. Monopolization by patent or trademark should not exclude a drug otherwise proper to be admitted.

7. In the case of trademarked names legal advice should be taken as to the best method of procedure.

8. In the case of process patents and product patents, the effort should be made to use pharmacopeial control and standardization to the mitigation of the evils of high price and uncertainty of product possible under the present bad system.

9. A determined effort should be made to modify the laws of the United States so that in the case of medicines, processes only, and not products, can be patented.

10. Trademarks can only be manufacturers' brands, and

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hence the common name of a medicine cannot be used as such. If this is not good law at present, it should be made such by statute.

1525 Walnut Street.

The Digestibility and Nutritive Value of Foods.

BY LAWRENCE IRWELL, M.A., B.C.L., BUFFALO, N. Y.

In these days when we read so much about calories, thorough mastication, and protein poisoning, it seems desirable to draw attention to some well-authenticated principles of dietetics which have latterly been permitted to escape from view.

Chemical composition of food is not a complete guide to food value, otherwise man could thrive on water, the nitrogen contained in the atmosphere and charcoal. The dietetic worth of any food does not depend on the proportion of the various chemical elements that can be discovered by analysis, but upon the quantity of those elements that can be extracted from them by the laboratory of human digestion, and can with the least effort and delay be taken up to rebuild the wasting tissues. The latter qualities make milk and the oyster valuable foods, although neither shows a high percentage of any single constituent, except water. The former contains, of course, all the elements that are needed to sustain life, in addition to being readily taken up and assimilated. But to this end— and this is a fact that is ignored by many people every day—only small quantities should be taken at a time—that is, the required supply should be administered very gradually. The young of all mammals are by nature compelled to obtain their milk-food slowly, giving their digestive powers a chance adequately to do their work; and the lesson holds good for adults who seek nourishment from the same material. Whether one accepts Mr. Fletcher's views as to extreme mastication or not, the habit of drinking milk as one would drink water is inconsistent with a satisfactory knowledge of elementary physiology.

The oyster, in its uncooked condition, is almost self-digesting, but when over-cooked it becomes not only distasteful to the palate, but slow and difficult to digest. It is not an ideal food for healthy men and women on account of its marked tendency to decompose, and also by reason of its liability to carry typhoid germs when fattened in polluted water.

The substance of all logic in the matter of diet is simply that for every-day life a sufficient supply of plain food, carefully-cooked, taken at regular intervals, and under the right conditions, furnishes the only sure foundation of body and mind. This is well recognized by the medical profession, but physicians are very seldom consulted upon the subject of diet until sickness makes its appearance. For some time past

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meat has been very high in price, which may have been a blessing in disguise to many men who used to eat great quantities of it three times every day. But *materfamilias,* thanks to the literature that now reaches her in such abundant quantities, has discovered that nuts, cheese and beans contain nearly as much nitrogen as beef, and she has, therefore, almost cut meat out of the daily *menu.* The fact that vegetables are not peptogenic, that part of the nitrogen which some of them contain is not true protein, and that sudden changes in diet are injurious, seldom enters the female mind. That nuts and cheese are hard to digest, as compared with suitably cooked animal food, sounds like a foolish story to *materfamilias* who usually re-asserts that the former articles are highly nitrogenous, a remark that probably ends all discussion. In due course some member of the family becomes sick, and the physician is then summoned. He is almost certain to denounce dietetic fads of all kinds, while admitting that we are on the verge of new discoveries, and that Professor Chittenden has shown that Voit's diet tables can no longer be regarded as standard for all persons, although such a cautious physiologist as Professor Benedict of Boston considers the Chittenden standard—about sixty grams of protein per day for an average-sized man— too low. Quoting from Dr. Cabot ("Individual Factors in Hygiene," p. 9): "Apparently, certain persons are better off on what is practically a vegetable diet. Let those who find it to be good for them adopt it, but they need not mount to the house top and proclaim that every one must follow that diet or be damned."

At present a popular idea prevails that whole-wheat bread has a higher food value than bread made from white flour. This impression is based on the fact that the whole wheaten grain contains more nitrogenous material than is found in the innermost part of the grain. White flour is said to consist of little but carbonaceous matter, while the entire grain contains both nitrogen and phosphates in addition to starch. All these substances, we are assured, ought to be found in our bread, but they are not, because their presence would change its color from a nice white to an inartistic brown.

Let us examine the other side of the question. The important point is not the chemical composition of the wheaten grain, for that conveys no information as to what part of it can be digested and utilized by the human body. What is important is: do the portions of the grain which are rejected in grinding and sifting white flour contain anything that is of value as human food?

While it is true that entire-wheat bread contains more nitrogen than white bread, it is necessary to remember that the nitrogen found in some cereals exists in two forms—coagulable and non-coagulable albuminoids. The latter are

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practically useless for purposes of food, because they consist of alkaloids and nitrogen salts. The fine portion of the wheaten flour contains coagulable nitrogen; the other parts contain nitrogenous material that is not of use for feeding purposes so far as man is concerned.

There is, in addition, another point that is worthy of consideration. It seems that however finely entire-wheat flour may be ground, it abounds in gritty particles which, in some cases, irritate the alimentary canal, and lead to the evacuation of partially digested food.

Entire-wheat bread and Graham bread may have laxative properties that are advantageous to sufferers from constipation, often due to insufficient ingestion of water, but to the man in good health they are no better than white bread, which represents all the available nitrogen that can be extracted from the wheaten grain.

A considerable number of vegetarians are in the habit of asserting that, in addition to the legumes, such vegetables as tomatoes, squash, cauliflower and spinach are high in protein. The authority for this belief is Professor Irving Fisher, of Yale, who is the inventor of an instrument for the purpose of showing the diner the quantities of proteid, carbohydrates and fat that he will consume by eating certain foods. In a paper entitled "A Graphic Method in Practical Dietetics," published in the *Journal of A. M. A.* three years ago, Professor Fisher wrote that the vegetables named above, are "high in proteid in proportion to food value." He also stated that such fruits as strawberries, oranges and water melon are "of moderately high proteid." The words "in proportion to food value" should be carefully noted, for they form the crux of the whole matter. Professor Fisher's assertion is based on one of two fallacies—either that the water contained in vegetables and fruits is not food, or that it is practicable and desirable to extract the water from these plants before eating them. The idea of such a food as watermelon containing any protein worthy of the name when compared with the water of which it is so largely composed is untenable, and if that water could be easily extracted, there is no probability that the dried cellulose would be a popular article of diet, even if "moderately high in protein." Returning, however, to practical considerations, Professor Chittenden regards a diet composed of vegetable material like tomatoes, squash, cauliflower and spinach as "essentially of low protein in nature." Moreover, he is of the opinion that the method of weight per cent in measuring the protein strength of food is "all right, providing you know the amount of food which is taken." These statements from a physiological chemist of the first rank are a complete answer to vegetarian arguments that certain vegetables other than the legumes are rich in protein,

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and that the amount of protein in any food cannot be accurately measured by weight per cent.

The man who commences his breakfast by eating a raw banana ought not to expect to feel well during the morning. The banana is largely starch, and the human digestive system does not take kindly to uncooked starch at eight A. M. Bananas are useful for food purposes, but if eaten for breakfast they should be cooked—baked in their skins. Those people who say that they cannot digest the banana will find that they can— after it has been baked. Raw starch is not ordinarily used as food by man except in the case of the banana, and it must be noted that such bananas as we get have been plucked from the tree long before they were ripe.

The man whose breakfast begins with a cup of strong coffee, followed by a steak, two eggs and a second cup of strong coffee has no right to believe that he can do his morning's work as it should be done. His breakfast was too heavy. But such men are numerous in large cities, and some of them assert that, although they know that coffee is injurious to them, they cannot give it up! This position is, of course, most reprehensible, for the coffee drinking has become a drug habit. It is possible, however, to take coffee at the end of the evening meal in a form that does little harm—in the form of coffee jelly. Gelatin in the form of jelly is cooling, relieves thirst, is soothing, and has a tendency to reduce excessive acidity of the stomach. Having regard to these facts, coffee-jelly ought to be a suitable sequel to evening dinner and a good substitute for the beverage. The astringent properties of coffee are modified by gelatin, and some persons with whom it disagrees when taken in quite moderate quantity in liquid state may find it easily digested when eaten as jelly at the end of the evening meal. Our national consumption of coffee, however, has now become so large—over ten pounds per head of population—that an effort should be made to impress upon the public mind the fact that this drink is not a food, and that it is very liable to interfere with the digestion of a meal which, had no coffee been taken, would have digested quite satisfactorily. Further, the mere removal of the caffein from coffee will not make it harmless, for some of the symptoms, such as frequent micturition, exhibited by great coffee drinkers appear to be more closely connected with caffeol than with caffein. But this point requires thorough investigation, both chemical and clinical.

Some physicians continue to tell their patients that a difference exists between red and white meats, and that the former do more harm in cases of lithemia than the latter. This advice should now be abandoned, for as long ago as 1899, Offer and Rosengvist analysed certain meat foods, and found that the variations in the amount of extractives contained in white and red meats were so slight that any theory

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as to their degree of irritative action, based upon such differences, could not be well founded. It is true, of course, that a complete investigation of this complicated subject calls for much more consideration than the simple chemical differences of the various kinds of animal food, and a much greater interest centers in the specific actions of food purins upon the systems of the body, and their behavior during the process of metabolism.

Finally, the digestibility and nutritive value of foods, apart from individual idiosyncrasy, depends upon certain conditions unconnected with the articles of diet, but very closely connected with the condition of mind of the partaker of the meal.

Since Fletcherism became the fashion, conversation at lunch or dinner is practically impossible, yet neurologists are usually opposed to concentration of the mind on the digestive system. The experience of countless generations has perpetuated the idea that man should not think much at the time of eating, but should talk and be talked to while he feeds. Most men do not think much when talking, and talking is the natural accompaniment of eating. No wise man ever discusses controversial topics at dinner, any more than any scientifically-trained man always eats only the most easily digested food. Breach of the former idea has a bad effect at once, while disregard of the latter eventually produces a condition in which nothing but the most easily digested edibles can be eaten without unpleasant consequences.

Everybody realizes that bodily exercise is injurious immediately after a meal, and mental exertion is equally harmful, although comparatively few people seem to appreciate that fact.

For satisfactory and easy nutrition, food should be consumed slowly, well masticated, and the mind should not be seriously exercised during the process.

Cardio-Phobia.

BY BEVERLEY ROBINSON, M.D., NEW YORK.

Not infrequently I am consulted, as are most physicians, about the condition of a patient's heart. After the examination is finished, the first question by the patient usually is—"What did you find, doctor?" or, "Is there anything the matter with my heart?" Upon one's answer may depend a great deal of anguish, or a great deal of satisfaction.

Inasmuch as a large majority of those persons who consult me have some cardiac disturbance, be it ever so little, organic, or functional, I can rarely say with truth: "There is nothing the matter." If I state just what I find, and even if I endeavor by explanation and assurance to allay useless

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or exaggerated fears, too often, as I have found by experience, I am only partially successful and sometimes fail utterly.

Therefore, during the last few years and so far as possible, I simply say in advance: "I will examine your heart carefully and make notes of what I find, normal, or abnormal, and I will then advise you as to what is best to do, but I will not report to you what I find." I also tell patients, if they permit me thus to act, I will save them from much unnecessary anxiety.

Whenever I am allowed to do so I have later had much reason to be satisfied; when I have acted differently I have usually regretted it. Very few persons should be told they have heart disease, simply because it does no good in any way and carries with it uncontrollable and continuous anxiety. I have had several patients during the last years of my practice who have suffered any amount of mental torment from ill-advised opinions, given to them by well-meaning, but injudicious physicians, in regard to their cardiac condition. At present, and in view of my conduct, more than one of these patients, although the cardiac condition is about the same as previously, enjoy immunity from constant fear and their symptoms are quite bearable, or indeed much improved. Several times I have been tempted to write the foregoing and do so now with the hope that my practice may be generally followed, because it is, I believe, both rational and humane.

MISCELLANY

Childbirth Twelve Years after Cessation of Menstruation.

Dr. L. Buckle, New York, reports the following case (*J. A. M. A.*, Aug. 13):

C. H., a well preserved and healthy looking woman, aged 50 years, always menstruated regularly and never had any genital troubles till 15 years ago. At that time she gave birth to twins, making the number of children seven in all. About a year later menstruation returned but with considerable irregularity; and in another year it ceased altogether. Two years ago, 11 years after the cessation of menstruation, she began to feel out of sorts; she lost her appetite, had nausea and felt weak. She was examined and treated by several physicians, including the author, at various times, but her true condition was not diagnosed and she remained unrelieved. One doctor told her that she had a growth and an operation would be necessary to remove it. The others treated her for gastritis, nervous dyspepsia, etc. She began to worry over her troubles and became much emaciated, anemic and nervous.

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One day she came to Dr. Buckle and said, "Doctor, I have a cancer and I feel it move around here," pointing to her abdomen. But this time ballottement, fetal heart-sounds, milk pressed out from nipples, and other signs pointed to an undoubted pregnancy. She must have been then in the sixth month, for about 3½ months later, he delivered her of a boy of normal size and weight. About a year after this birth, menstruation returned and since appears regularly every month.

Pregnancy eleven years after cessation of menstruation is rather rare. So also is the return of normal menstruation after a cessation of thirteen years. These unusual feautures seem to justify reporting the case.

Caution Regarding Reports on 606.

We think it in order to caution the profession at this time, when the use of Ehrlich's "606" is about to be enthusiastically taken up in this country, against publishing conclusions concerning its curative effects until the lapse of a year and a half, during which the Wassermann reaction has been negative, in each case in which it has been employed. Otherwise the reporters of results should await the passage of a very long period of freedom from clinical manifestations of syphilis.

HIGH ENEMATA. Only where the sigmoid is abnormally developed can a soft rubber tube be introduced higher than six or seven inches in rectum. A short tube six inches long is best for all sorts of enemata when using water for fecal evacuation. It is possible to cleanse entire colon by using a short tube of ½ inch caliber.—*Soper.*

Cremation.

The British Medical Journal is in favor of cremation as against the ordinary method of burial. It says that what makes the idea of cremation repulsive to many people is probably the sudden and complete destruction of the tenement in which dwelt the soul of one we knew and loved. But to any one whose imagination can pierce below the cerements and the coffin in which a body is laid to rest, the prevention of corruption by the quick action of fire should surely be more comforting than the thought of any one we knew being doomed in the words of Claudio: To lie in cold obstruction and to rot.

We cannot shut our eyes to the fact that burial means decay with its accompanying loathsomeness. To this favor must we all come if we are laid in the earth or, what is far worse, in vaults. The gorge rises at the notion of the process of decomposition. Cremation, on the other hand, has no such disgusting associations. By its means the ashes of the dead may repose inoffensively for an indefinite period amid beautiful surroundings. It justifies the words of Shelley speaking of Keats's grave: "It

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almost makes one in love with death to think that one would be buried in so sweet a place." The consequences of burial, however, are the reverse of sweet, whereas cremation is an act of kindness to the living as well as to the dead, and enables us to keep their memory undisturbed by ideas of decay.

From an economic point of view, it is almost certain that sooner or later we will be forced to have recourse to cremation on account of want of space for burial grounds. The danger to health from overcrowded graveyards is also not to be disregarded.

A well-known English surgeon was imparting some clinical instructions to half a dozen students. Pausing at the bedside of a doubtful case, he said: "Now, gentlemen, do you think this is or is not a case for operation?" One by one the students made their diagnosis, and all of them answered in the negative. "Well, gentlemen, you are all wrong," said the wielder of the scalpel, "and I shall operate to-morrow." "No, you won't," said the patient, as he rose in his bed, "six to one is a good majority; gimme my clothes." [An old chestnut, but it is just possible that the students were right.]

According to Crämer (*Klin. Therap. Woch,* June 14, 1909) extract of cannabis indica is one of the most useful drugs in the treatment of exophthalmic goiter.

"Some Posological Hints and Other Useful Information" is the title of a very useful booklet just gotten out by the Fellows Co. of New York. It will be sent free to anybody making a request and mentioning the CRITIC AND GUIDE.

LETTERS TO THE EDITOR

The Proposed New National Health Department.

To the Editor of the CRITIC AND GUIDE:

One of the most important, if not the most important, feature of the Taft administration and the 61st Congress will undoubtedly be the establishment of a National Health Department with a Cabinet officer at the head for the purpose of the highest efficiency, dignity and influence. A Bill to this effect is before the present Congress. It is amazing that this health department was not established years ago. What would it have saved in lives, in national working capacity, in national virtue, in national happiness, in national efficiency in general and in national finances? Does not health foster everything advantageous? What is so important to the strength of a family as the number of efficient persons it contains? The same is true of the strength of a nation.

Of course we may expect opposition to a national health department from the manufacturers of every kind of death-dealing article. Such traffic plays and preys upon the ignor-

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ance of the people. Such purveyors hatch up arguments about "doctors' trusts," about "want of liberty" in choosing one's doctor, etc. They pretend not to understand that the proposed health department is concerned with the prevention of disease, rather than with the cure of disease after it has been contracted. May it be said to the glory of the principal medical associations of our whole country, that they have been among the first to promote this new national health department, notwithstanding the fact that their personal business interests are threatened to a certain extent. Physical culture has made too rapid strides these last few years for business interests of the wrong kind not to combat it. Both national presidential conventions have recommended this bill for national health, and among the people generally the new health department will be the most popular of national measures. The late King Edward's most popular characteristic turned out to be his efforts for peace. President Taft's most popular specialty will be the establishment of what will increase the nation's vigor and sanity of mind. This has also its relationship to a more permanent kind of peace.

Thru this department we shall expect to see the establishment of national and international athletic games,—like those lately reestablished with such intense popularity in Greece. Modern Greece is now studying ancient Greece when Greece largely ruled the world. Every school child in Greece is now studying physical culture thru the patronage of the government. At the late international Greek tournaments, which attracted people from all over the world, the Greeks took great pride in showing off thousands of their school children, displaying their methods of exercises, etc.

Other nations will soon take up the national health department idea, largely perhaps from a military point of view. Japan recently gave the world a short and sharp lesson in health military tactics. America also gave the world lately a short lesson of the same kind,—but in the reverse direction. During our late war with Spain it was found that we lost 454 by bullets and 5277 by preventable disease.

Let us have a National Department of Health by all means.

Mrs. MARY F. HENDERSON.

(Member of Committee of One Hundred on National Health; Author of "The Aristocracy of Health," etc.)

Editor CRITIC AND GUIDE:—I have been much impressed with the volume, *Never-Told Tales* which has just come to my attention, and I congratulate you upon the very great service which you are thus enabled to render suffering humanity. I believe your work will be, as it surely must have already been, of incalculable value, and I wish to express my appreciation of the tenderness, sympathy and high moral tone which shines forth from almost every page of the little book.

Yours very truly,

THOMAS C. HOLLOWAY, M.D.

Lexington, Ky.

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PRAISED BY SOME, BLAMED BY OTHERS, DISDAINING THE FOOLS, BRAVING THE WICKED, I HASTEN TO LAUGH AT EVERYTHING . . . . FOR FEAR OF BEING OBLIGED TO WEEP

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

1 year, $1.00 - Single copy 20c. - Foreign $2.00

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XIV NEW YORK, FEBRUARY, 1911 No 2

Editorials and Editorialettes.

THE DOUBLE STANDARD OF MORALITY, AND THE EFFECTS OF CONTINENCE ON EACH SEX.

There has been a great deal of discussion recently about the single vs. the double standard of morality for men and women. The sexual radicals and those most orthodox in sexual matters have reached one and the same conclusion: there shall be but one standard of Morality for the male and the female sex. Of course the opinions of the radicals and the orthodox are diametrically opposed to each other. The radicals say that the woman should have the same right that the man has: if it is alright for a man to indulge in ante-nuptial or extra-marital relations, then it is alright for the woman also. The orthodox on the other hand say: if it is wrong, if it is vicious and sinful for a woman to indulge in extra-marital relations, then it is just as wrong, just as vicious and just as sinful for a man to do so. But the conclusion, as you see, is the same. Neither the radical nor the orthodox admits of any excuse or reason for a different morality in men and women, for neither admits that there is any physiologic difference sexually. Here again they both hold diametrically opposite opinions, but the conclusion as far as the singleness of the standard is concerned is the same. The radical says: The sexual instinct is as strong in women as it is in men, and just as continence in men is injurious and therefore undesirable, just so is continence in women injurious and undesirable. The orthodox says: The sexual instinct in man is not any different than it is in woman, and just as continence is easy and harmless to the woman, so it is easy and harmless to the man.

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It is an extremely delicate subject to handle . It does require a good deal of courage to discuss the question with perfect candor and truthfulness, without paying tribute to cant, superstition or tradition, without fearing the epithets of the prudes and old maids on the one hand and the shoulder-shruggings and scoldings of the sexual radicals and free lovers on the other.

I will not occupy myself with the morality of the question. I will leave that to the professional moralists. I will only deal with the physiology and hygiene of the question. If a consideration of this phase of the subject should justify one in making certain deductions, I am not to be blamed for the latter. I do not make the facts: I merely state them. And here are the facts, which no physiologist can deny.

The libido sexualis awakens in boys at a much earlier age than it does in girls. In fact it is not commonly appreciated at what an early age the instinct awakens in many boys. And I do not refer to large city boys who are prematurely stimulated by vicious companions, by vaudeville shows, by posters, by exhibitions in the windows, etc. I refer to boys who have been brought up with the greatest care and caution, whose ears have never been shocked by an obscene word, whose eyes have never beheld an obscene book or a suggestive picture, who have never been in the proximity of a free and easy female, who do not even suspect the existence of such females. And in such boys the sexual instinct is often powerful at the age of fourteen, twelve, ten and even earlier. Without giving the subject a thought, unconscious of any such thing as a sexual problem, they have vague unexplainable desires at first, which become gradually stronger and more definite, until they become fully crystallized into an attraction for the opposite sex. And without being enlightened on the subject by anybody, they begin to have erotic dreams, ending in emissions, and it is from those dreams that they often derive their first sexual instruction.... And the initiation into the practice of masturbation is not always done by a vicious companion; not infrequently nature herself is the teacher, who introduces the boy to the unnatural practice of satisfying his ardent desires.

To repeat briefly: in the large majority of boys libido sexualis is developed at a very early age—14, 12, 10 or earlier—and so strong is the desire, that when natural satisfaction is impossible, as it usually is at that age, it finds relief in emissions accompanied by erotic dreams, or in masturbation.

A very different state of affairs obtains in girls. While for the purposes of maternity they become ripe at an early age—11 to 14—their libido sexualis becomes awakened many years later. A large majority do not experience any libidinous desires whatever until the age of 20, 24 and 25. In fact many married women remain cold and indifferent to the sexual act for several years after marriage; it takes them three or five years to become sexually educated. And even then in many the desire is due

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more to an established habit than to an actual necessity. I do not make any dogmatic all-inclusive statements; we can make but very few statements which are applicable to all humanity, or to an entire sex. I am fully aware of the fact that there are women and girls in whom the natural passions are exceedingly strong, strong to the point of uncontrollability. But they constitute a small minority. There is another class of girls in whom the passions are apparently very strong, but if examined into, it would be found, that the libido is the result of an artificial stimulation, that their eroticism has been aroused by books, by certain plays, by the equivocal stories of their newly married sisters and friends, etc. It is really more a burning curiosity, than a burning passion.

The reason for this difference in the two sexes is not hard to find. In the male sex the testicular glands begin, at an early age, to elaborate a very highly organized fluid, which intrinsically per se, and mechanically by distending the seminal vesicles, acts as an excitant of the sexual appetite. And nature has not provided a regular, periodic outlet for this testicular fluid. In the female sex there is no accumulation of a highly organized fluid acting as a stimulant and excitant, while the congestion of the uterus and the ovaries is relieved with the menstrual fluid with monthly regularity.

From what has been said it is clearly evident that I maintain that the sexual appetite awakens in girls several years later than it does in boys, and that *in not initiated, not artificially stimulated women* the libido is considerably weaker than it is in men.

I know there are some physicians who disagree with me. There are some physicians who maintain that the libido in the female sex is just as strong as it is in man, only it is more repressed. As a proof they give the frequency of masturbation in girls. But this very frequency is a disputed point. Exact reliable figures it is of course impossible to obtain. We can only go by impressions. Those who maintain that the libido is equally strong in both sexes claim that masturbation is just as common in girls as it is in boys—namely in 90 to 100 per cent. I, on the other hand, and those who believe with me, maintain that this injurious habit will be found in only about 10 per cent of girls. So this does not settle the question. If positive data could be obtained, we would have a powerful argument either for the one side or the other. But so far the question of masturbation proves nothing.

We now come to the effects of continence, i. e. total abstinence from sexual intercourse.

There is no question within the entire sexual domain which has excited so much discussion as has this one: is sexual intercourse necessary to the individual, is absolute continence injurious to health? As a rule the question is asked with reference to the male sex only; the female sex is left out of account, as if it did

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not exist—which shows man's supreme egotism. We personally have been asked the question hundreds of times. It is not a question which admits of a categorical answer, applicable to every male. Nor is it necessary. As I said many times before, in medicine we cannot make absolute dogmatic statements: that is the field of theology. There is no "always" and no "never" in medicine. There is no rule applicable to every human being. In many respects every human being is a law unto himself. But answering the question in a general way, I will say emphatically: Yes, absolute continence is injurious to the male. In some cases the injury is slight and transient, in others it is very severe and permanent. I am fully aware of the fact that people whose minds are intensely occupied with interesting problems, like inventors, scientists, mathematicians, or who are given over life and body to some important work like revolutionists or even religious fanatics, may abstain for years without injury. But the average of humanity is not composed of inventors, scientists, mathematicians and world saviors, and I speak of the average of humanity. But even in those who are deeply engrossed in some consuming work I am not so sure that the harmlessness is not more apparent than real. For I believe I can affirm with positiveness, from certain personal investigations, that even in those people the potentia coeundi becomes consideraby or totally impaired, tho their general health may apparently not have suffered any injury.

In what does the injuriousness of continence express itself? The effects, of course, vary greatly both in kind and extent. They may range from simple nervousness, irritability, lack of appetite, inability to concentrate the mind, headache, backache and constipation up to fully developed neurasthenia with its protean manifestations and complete *impotence*. Of course, if the continence leads to abnormally frequent pollutions, nocturnal and diurnal, and to spermatorrhea, or to excessive masturbation, then the man may become a wreck, physically and mentally. A genuine psychosis may also be one of the results.

In women the results of continence are sometimes also very disastrous, but as a rule they are much milder, begin to make their appearance later in life, and there is one essential difference; continence in the female is of course *not* followed by impotence. A virgin may marry at the age of thirty-five or later and she will be alright as a wife, while a man who has remained absolutely continent up to age of thirty-five or forty may on marrying find himself totally unfit for his so-called marital duties.

To recapitulate:

1. Libido sexualis makes itself naturally manifest in boys at a much earlier age than it does in girls.

2. The sexual instinct is much stronger, more imperative, more uncontrollable in men than it is in women. There are notable exceptions among the latter, but they are exceptions nevertheless.

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3. The results of absolute continence are much more pronounced, more pernicious, more lasting in men than they are in women. For one thing, one of the most dreaded possibilities, which stands spectre-like before middle aged continent men, namely, sexual impotence, leaves women entirely undisturbed. All or almost all their disturbances disappear with marriage, which unfortunately is not always the case with men.

If from the above statement of physiologic facts, the moralists or the unmoralists can derive justification for a double standard of morality in the two sexes, they are welcome to do so.

I have merely stated the facts.

PECULIAR, BUT ABSOLUTELY TRUE.

Sometime ago a symposium was read before a Society on the ever important subject of alcohol. One man maintained that alcohol had a distinct value in certain diseases, particularly of a septic character; and he further maintained, that even as a beverage, if used in moderation, with the meals, it would not cause the terrible damage which the fanatics are apt to ascribe to it even in the smallest amounts.

Three other gentlemen also spoke on the subject, and they expressed themselves emphatically against the use of alcohol in any amount, in any shape or form. Both as a medicine and as a beverage, it was not only useless, but distinctly injurious. It was a poison which should be entirely eliminated from the Pharmacopeia and one even went so far as to state that its sale should be prohibited by the State.

That was in the afternoon.

In the evening, the four gentlemen who spoke met in the hotel and they spent the evening together. They discussed various medical problems. They also drank. The gentleman who maintained that alcohol had a distinct place in medicine and was not injurious in moderation as a beverage, drank nothing but seltzer. The gentlemen who condemned alcohol unequivocally, so as to call forth the enthusiastic approval of the president of the W. C. T. U., drank brandies and sodas, and Scotch high-balls. And they drank plenty of them.

The moral? I don't know. True stories need no morals.

And here is another analogous story, absolutely true in every detail.

Four medical gentlemen discussed before a large audience the necessity or non-necessity of sexual gratification. One doctor maintained that in his opinion such an important instinct, as the sexual function, upon which the perpetuation of the race depended, could not be suppressed indefinitely with impunity. He believed that too long a repression would result in various nervous disorders, in partial or complete impotence, and perhaps in an impairment of the general health. The other three doctors combated his ideas as pernicious, un-American (whatever that may mean), false, immoral, etc. They firmly asserted that absolute

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continence no matter up to what age would not injure the system in any way. In fact, asserted they, such continence would result in great benefit only.

The first gentleman, who believed in the necessity of gratification of the physiological instinct, was known to lead a very straight, very moderate sexual life. Of the three other gentlemen, one was beyond any temptation. He was too old. But it is known that in his younger days he led a tempestuous riotous life. The other two, tho married, often indulged in extra-matrimonial ventures; and it is rumored had more than platonic relations with a number of nurses.

And when doctor No. 1 chided them gently for the divergence of their practice from their preaching, the answer was, that preaching before the public was one thing, and practicing in private was another thing. And, besides, assuming even that his ideas were right, it was a *dangerous* thing to preach them—for such preaching might have a pernicious effect on the youth of the country.

In order to save the youth of the country, it was necessary upon occasions to dissimulate, to lie, to be a hypocrite.

Perhaps.

FREEDOM OF SPEECH AT THE SOCIETY OF MORAL AND SANITARY PROPHYLAXIS.

For some time complaints—both oral and written—have been reaching me to the effect, that members of the S. M. S. P. who entertained views opposed to those of the president, had no or little chance to express them. Such members, the complaints alleged, were given the floor grudgingly, were listened to impatiently and altogether were made to feel that they were unwelcome.

I decided to write to Dr. Morrow on the subject. And I did. Below is my letter and Dr. Morrow's reply. No further comment seems necessary, but if anybody has something further to say in the matter, the pages of the CRITIC AND GUIDE are open to him—or her.

Dear Dr. Morrow:—

Some people are under the impression that it is incumbent upon me to correct all the Creator's mistakes and to call attention to any wrong, real or alleged, that may exist anywhere. I have received complaints from two members of the American Society of Moral and Sanitary Prophylaxis. The complaints allege that a free expression of one's opinions is not welcomed in our Society.

One states that the people who are requested to take part in the discussion are generally the people who express the President's views, and if any volunteer gets up to discuss, then it depends upon what his views are. If his views coincide with those of the President he is permitted to air them at length,

even exceeding the time limit, while if the views are divergent from those of the President he is sat down upon and made to sit down.

As specific examples are given Dr. Maud Glasgow and Miss Lavinia Dock at the meeting on November 10th on the one hand, and Dr. Lapowski at the meeting of December 22d on the other hand.

The complaints contain a good deal more, but the real gist of them is as above.

I thought you might wish to say a word in the matter.

With assurances of my high personal regards,

Sincerely yours,

WILLIAM J. ROBINSON.

Dear Dr. Robinson:—

I beg to say in reply to your letter, which voices the criticisms of two members of our Society,—and I assume also your own,—"that the people invited to take part in the discussion are generally the people who express the President's views, etc."

The baselessness of such a charge is evident from the fact that in the discussion of Clause 79 of the Page Bill at the November meeting I invited not only the counsel of the Page Bill to say all he could in favor of it but I invited only men to discuss the Bill whom I knew favored it. I knew beforehand that all the men, whose names appeared on the programme (Dr. Polk alone excepted, who did not speak) were in radical opposition to my views. At the last meeting I invited Mr. Lawrence Veiller, a strong advocate of the French System of Regulation, Mr. Homer Folks, and a number of other members of the C. O. S. Advisory Committee. McCook was the only one who accepted the invitation and he was allowed all the time he wished. Dr. Lapowski's remarks were entirely irrelevant to the subjects under discussion; besides the hour was too late to admit further discussion. This is simply an explanation to do away with what may be an honest misconception of certain of the members of the Society concerning the President's spirit and practice of conducting the discussions before the Society.

Very truly yours,

PRINCE A. MORROW,
66 West 40th Street.

"MEDICAL CHAOS AND CRIME."

A book has recently been published by one Dr. Barnesby which, by clever advertising and shrewd press notices, has attained a certain degree of notoriety. I have been asked by numerous readers to state my opinion of the book. Is it reliable? Is it truthful? Is it a collection of lies and slanders? Who is Dr. Barnesby? Is he an eminent physician or is he a quack? Those and similar questions have been

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sent in from different quarters. We should leave Dr. Barnesby's personality out of the question. It is sufficient to state that Dr. Barnesby is not an eminent, nor even a near eminent physician, and that he has given up the practice of medicine altogether, and is now in the real estate or stock and bond business. But this should make no difference, provided his alleged facts and his generalizations are correct.

The author accuses the medical profession of cupidity, cruelty, brutality, ignorance, malpractice, sexual perversion, etc., and gives illustrative examples. As neither the names of those who are supposed to have committed the atrocities nor the places where the atrocities are supposed to have taken place, are given, we have no means of judging as to whether or not the author tells the truth. Maybe those alleged facts are creations of his imagination, or maybe he was too credulous, and in his desire to gather damaging testimony, lent too ready an ear to the stories of not always reliable disgruntled patients. But let us admit that every statement in the book is true, that all the cases of cupidity, commercialism, ignorance and malpractice are actual facts; let us assume that the author has perverted nothing, that he himself is honest and sincere and believes in the truth of everything he has written. Still the book is a lie, for it produces the effect of a lie. If a truth is wrongly focused it becomes distorted and *producing the effect of a lie, it is a lie,* as Maeterlinck says. In every trade, in every profession, in every line of human activity, there will be found some men without a conscience, and if the isolated misdeeds of such men were gathered together and presented as the common practices of the profession or trade, that profession or trade would appear monstrous. For every case of commercialism, for every case of indifference, for every case of dishonesty exhibited by a member of the medical profession we could show ten cases of the noblest altruism, of the deepest concern, of the most wonderful self-forgetfulness and devotion to the patient's interest. And as it would not be right to claim that the entire medical profession consists of noble altruists, who never have any other thought but the patients' interests—tho there are many such—so it is wrong, very wrong, to claim or to give the impression that the entire profession consists of commercialists and grafters, because a few of its members are such.

Speaking for myself, it is well known that I am not an apologist for the medical profession. It is well known that I am merciless to any form of quackery, charlatanism or abuse, and as soon as it is brought to my attention I do not hesitate to expose it and to castigate the guilty parties. For my uncompromising attitude in this regard I have made myself disliked in certain quarters. But I have always recognized that the abuses and bad practices were isolated and sporadic.

I have always recognized that the evils in the medical profession are not something peculiar to it, but are a part and parcel of our social-economic conditions. I have always recognized that reformation must and will come from within the medical profession and not from without, I have always recognized that the good the profession does quietly, steadily and unostentatiously by far outweighs the evils of which it may be guilty, and, finally, I have always recognized, that in spite of its shortcomings, the medical profession is the best, the noblest and the most altruistic of all professions. And that is the difference between an honest critical wellwisher of the medical profession and of the public—for the interests of both are identical—and a Dr. Barnesby. Dr. Barnesby cannot be considered an honest critic of the medical profession—he is a vindictive enemy.

To the question: Will the book accomplish some good? I must answer emphatically in the negative. The medical profession certainly did not need it, for the most effective parts of the book, the most scathing denunciations of the abuses existing in our profession, are taken from prominent medical journals, *which is proof positive that we ourselves recognize the evils that exist in our midst,* and that we neither condone them nor gloss over them. We ourselves are the severest judges of our shortcomings, and both on the platform and in the medical press we do not hesitate to expose them and to lash them. And we need no outside critics.

As to the public, I have not the slightest hesitation in saying that with the exception of two chapters—on the quack and on anti-vivisection—which are very good, the effect on it will be extremely pernicious, and nothing but pernicious. If I could think of any good the book might do I would try to weigh it against its evil influence and find which outweighs the other. But I cannot. I see nothing but evil from a wide circulation of the book. We are all familiar with the layman's tendency to generalization. After reading the book he will become convinced that all physicians are grafters, all surgeons cruel butchers, that there are no highminded honorable men among the medical profession, and that their sole object is to make as much money out of the patient as possible. What will be the natural result? When a person gets sick, he or she will delay treatment as long as possible, if in need of operation he or she will delay consulting a surgeon until the case has become aggravated or incurable. And altogether by assuming a doubting or antagonistic attitude toward the attending physician or surgeon, the patient will in realty weaken his own chances of recovery. So what is gained by it?

No, from whatever point I look at it, I can find no raison d'etre for Dr Barnesby's work, except the vulgar one of a desire to make money from the sale of a sensational book.

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To summarize: As far as the profession is concerned, the book is useless—for everything of value there is to be found in, and has been taken from, the medical journals. As far as the public is concerned, the book is distinctly pernicious.

WHO SHOULD DISCUSS THE SEXUAL CONTINENCE QUESTION?

In order to reach a proper solution of the sexual continence question, we must eliminate from the discussion certain classes of people. We must eliminate the man who is so old that he no longer remembers that he ever was young; we must eliminate the impotent or pervert, who never experienced any normal desire; we must eliminate the bigoted theologian and the narrow-minded moralist, who consider extra-marital intercourse a *crime*, about on a par with burglary or murder; we must eliminate—this by all means—the asexualized old maid, who has no conception of the power of the libido in normal man (or in normal woman, for that matter); and—last but not least—we must also eliminate the debauchee who puts an absurdly exaggerated value on the sexual function, and who believes that life without sexual gratification is not worth living.

In short, the question should be discussed by normal, healthy, free thinking, scientific men, ranging in age between thirty and fifty. They may be older, provided they have good memories.

Only then will we have an *honest* and scientifically *valuable* answer to this tremendously important question.

GALSWORTHY'S "JUSTICE".

We advise our readers most urgently to secure at once a copy of Galsworthy's latest drama "Justice", and read it. It is a masterpiece. It is not only a remarkable bit of realism, but the lesson it teaches is a lesson of the utmost importance to the human race. We feel tempted to give a synopsis of the plot, but will resist the temptation. Better get the book and read it. Wou will enjoy it. It was read at the last meeting of our Circle, and we all enjoyed it.

OUR LANGUAGE GROWS.

And this is what we heard at a recent meeting: He was pirqueted, wassermannized and roentgenized. And the reporter of the case did not mean to be witty or epigrammatic.

And then one doctor asked if the patient was calmetted. And another one said that if the result of the wassermannizing was positive, he would ehrlichize him without hesitation.

And then one cruel doctor whispered that half of the members present could be oslerized without material loss to the profession or the community.

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The Banquet Table

Some congenial physicians, tired of the deadening drudgery of a physician's life, decided to meet at more or less regular intervals, to dine together, to exchange impressions, in short, to have a jolly restful time. It was suggested that each of the members of this informal club prepare for each meeting a brief article—even of only a few lines—for the amusement of his fellow members. The article should preferably be a mild satire, or a comment, on some of the evils of our profession, or on the foibles of our leaders. Some members objected on the score that they could not write. They were told that an interesting or amusing clipping would do. It was decided to print the member's contributions in the CRITIC AND GUIDE, and we are glad that our readers will be able to participate once a month in this feast of wit and good humor.

The Opium Habit Among Respectable Boys.

We are informed that the opium habit is spreading on the East Side, and that not only among newsboys, messenger boys, etc., but also among boys of respectable families. Severe, rebellious anemia and otherwise unexplainable lassitude and weakness may be due to this secret and pernicious vice. By the courtesy of Dr. Chas. A. Rosenwasser, we had the opportunity of examining a boy of 18, son of respectable parents, who, induced by vicious companions, had become addicted to the opium habit at the age of 13. Of course he had carefully concealed the vice from his parents, and all the chalybeates and tonics from the various physicians proved of no avail, and his anemia and weakness were becoming constantly aggravated. When we saw him after a sojourn of a few weeks' in the home of Dr. Rosenwasser, he was considerably improved and could get along without the opium. He told us that there was quite a large number of boys on the East Side who were opium smokers. Generally two or three boys hired a small flat, and this flat served as a regular opium joint for the accommodation of their companions. It is a matter which is worthy of investigation.

Japan Still Barbarous.

You cannot remake a Nation in a day. The coat of Western Civilization that Japan has donned is apparently extremely thin and tenuous. Its illegal and unconstitutional proceedings in the matter of the twenty-six alleged anarchists and socialists is one sufficient proof of this. But what else can you expect of a Nation that still considers its emperor a divine personage? Superstitions die hard, and you cannot remake a Nation in a day.

Asia is Asia after all.

A telegram to the Japanese Ambassador.

And the following is a copy of a telegram which we sent to the Ambassador of Japan.

To his Excellency, The Ambassador of Japan.

Sir:—

During the war between Russia and Japan, every advanced thinker, every liberty-loving citizen, prayed for the success of your country. We thought that Japan stood for progress, for liberty, for humanitarianism, and every victory won by you was

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a blow at the cruel absolutism and the merciless brutality of the Russian Monarchy. It seems however, from what we learn of the secret and unconstitutional proceedings against Dr. Denjiro Kotoku and his comrades, that Japan is about to follow in the footsteps of Russia, and is to soak its flag in the blood of its thinkers and educators.

If your government perpetrates the dastardly deed of destroying the lives of Dr. Kotoku and his twenty-five companions, it will deserve, equally with the Russian government, the hatred and execration of thinking and liberty-loving men and women thruout the world.

Respectfully yours,
WILLIAM J. ROBINSON, M. D.

You say such telegrams and protests have no effects? That's where you are mistaken. Countries just entering upon the road of modern civilization are exceedingly sensitive to outside criticism. Even the murderous and utterly debauched Russian government fears the public opinion of Europe and America.

Mrs. Eddy Not Dead.

So it seems that we are not really rid of the high priestess of Eddyism after all. She is not dead, they tell us. Were she really dead it would be flippant to discuss her satirically, but we have the assurance of her followers that death need not be taken into account in her case. It appears that they look for her re-appearance in all the tangible manifestations of the flesh, to the end that her unity with God and the truth of her doctrines of immortality and the unreality of death shall be proved. For mind you, she is "the woman clothed with the sun" of the twelfth chapter of the Apocalypse and it was "Science and Health" which the "mighty angel come down from heaven" bore in his hand, as attested to in the tenth chapter of Revelation.

Now please note that it is not expected that this rising from the dead will be evident to other than those who, "thru thoro separation of themselves from things material, will be prepared and will possess the ability to witness it."

Can you beat it?

We move that all harmless lunatics be at once released from the institutions where they are at present confined, in the interest of justice.

Luther Burbank and Eugenics.

Luther Burbank, the "wizard of horticulture," has been expressing his views on the subject of eugenics. He thinks that the young Eastern man and the California woman would mate best of all. The union of beauty and utility should produce the best results, he opines. The California woman he pronounces the most beautiful and healthy of the American sex.

Burbank expresses his ideas rather crudely. He is a wizard, but no scientist. His physiology is very lame. We should say

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that his scientific culture was hardly higher than that of the average man. A "pink complexion" and "sweet breath" are salient criteria in judging "ideal human perfection." "Only those should mate whose eyes, hair and complexion form a pleasing and effective combination."

Burbank should stick to horticulture; indeed, he says himself he intends to. His attention had been called to stirpiculture by persons who had a notion that his powers might be requisitioned in the interest of ideal human perfection.

One in Nine Receives Charity.

One out of every nine persons in New York city is receiving the aid of charity, according to the latest figures of the Committee on Charities of the City Congestion Committee. Surely there is something awfully rotten in Denmark. How long, O Lord!

Definition of Manhattan Island: A body of land surrounded by sewerage.—Dr. SIMON BARUCH, in *New York Times,* Jan. 1.

Two Seduced Girls.

Two girls are seduced. One, more sophisticated than the other, procures an abortion and escapes the social consequences of her plight. The other, innocent and simple and maternal, bears her child and loves it. Society sees to it that the social consequences are visited fully upon her.

The first woman may be crafty, characterless and immoral, but regains, or rather does not lose, her social status, whatever it may be. Even if society knew her history she would be placed by it upon a higher place than would be the woman with a fatherless child. The latter is womanly, lovable and loving, and society casts her out.

What a travesty of justice!

Sending Prostitutes to the Workhouse.

What is the good of sending prostitutes to the workhouse? The overcrowding is disgraceful and the resulting sanitary and hygienic conditions bad.

There are only three possible reasons for society's punitive, treatment of the prostitute class, as for all the so-called criminal classes: revenge, to deter others from adopting the same practices, and possibly to reform the prostitute herself. The first reason is not worthy of a people calling themselves civilized. The second "reason" is not founded on reason, for women and girls will become prostitutes in spite of themselves so long as their industrial exploitation continues. The cost of their living is so far above their wages that the line of demarcation between virtue and vice is simply wiped out. The third reason can find no application on the "Island," obviously.

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Why, then, do we continue to send the prostitute to the workhouse? For aside from the failure of the three reasons the place is not a fit habitation for human beings.

Undernourishment.

"Undernourishment" has been noted by the New York Charity Organization during the past year "as never before" and is attributed by it to the high cost of living. Slow starvation is increasing rapidly, so to speak. Owing to the extortionate prices prevailing families are compelled to buy inferior food supplies. They may have such food in abundance and yet be famished.

"Statistics prove everything but the truth." The vital statistics show no column for starvation.

Three Hundred Thousand Babies.

It is estimated that three hundred thousand babies died in the United States last year before reaching their second birthday from gastrointestinal complaints attributable to improper feeding. The abandonment of the breast for the bottle accounts chiefly for this appalling state of affairs. Tuberculosis gathers in only half as many victims and the other virulent diseases only a third.

He Stood on the Peak.

He stood on the topmost peak of the mountain.
And he looked down.
He looked East and West.
And he looked North and South.
And wherever he looked, the people seemed to him so small, so small.
And despair seized him.
His heart ached.
And he wept.
"How can I descend to the valley and work with people that are so small?" he wailed.
And a veiled form bent over him and whispered to him:
"They are not so small.
They only seem small to you.
Because you are on a high mountain.
When they look at you, you seem small to them.
Descend, and you will see that the dwellers of the valley are your size."
"But why must I descend?
Why can they not all ascend?"
"Because," replied the veiled figure, "they cannot all climb. And besides there would not be room for all on the narrow mountain peak."
And the veiled figure vanished.
And he descended into the valley.

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And he was working hand in hand with his fellow-beings.

But his heart ached, for he saw that his fellow-beings not only seemed, but *were* small.

A New Departure in Ethical Pharmacy.

We have been asked to call attention to a new departure in pharmacy—new for this city at any rate. Two young men established a Prescription Laboratory, where they propose to put up prescriptions— and *nothing else*. No side lines, no hair soles, no combs and brushes, no cigars, no soda water, no patent medicines, in short no hand sale of any kind. Nothing but prescriptions. Whether the prescription laboratory will prove financially profitable, time alone will show. But the venture deserves the support of all ethical physicians and THE CRITIC AND GUIDE wishes it success. The unique pharmacy is situated at 507 Fifth Ave., and the proprietors are Messrs. Scheuer and Gordon.

Mary Baker Eddy.

De mortuis nil nisi bonum is a capital maxim, embodying an excellent code of human magnanimity. Yet, as the dying Count Tolstoy grimly declared, "Even in the face of death two and two make four"; and the natural sentiment that gathers around the deathbed of the founder of Christian Science does not really condone her sordid life, or change a single line in the mischief that her pernicious doctrines have wrought. In a rather fulsome editorial upon Mrs. Eddy's death the *St. Louis Star* affectingly remarks:

"Two nights ago a frail little old gentlewoman died who had built an empire, but not of blood or misery. She had shed no blood, destroyed no homes, shackled no nation, but what she had done was to take away a little human misery and substitute a happier, better attitude toward life."

Very touching, to be sure, and greatly to the credit of the chivalrous feelings of the editor of the *Star* towards the "frail little old gentlewoman" in question. But, unlike the sturdy old Russian philosopher, he has allowed the shadow of death to blind his eyes to the harsh facts. It is true that Mrs. Eddy, in her remarkable career, did not, as did Napoleon Bonaparte, with whom the *Star* dramatically contrasts her, lay waste the land with sword and fire. But the stern, unpleasant truth remains, and cannot be mollified even by the pathetic dignity of her death, that her mischievous teachings and her despotic mandates were responsible for the untimely death of many helpless children —and credulous adults—and that a large proportion of the immense fortune which she leaves represents the revenue derived from the promulgation of this heartless propaganda.

A harsh indictment to bring against a "frail little old gentle-

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woman" now lying in her tomb? Perhaps—but "even in the face of death, two and two make four."

We cannot help rejoicing that a million or so of misguided people have been delivered, by Mrs. Eddy's death, from the dominant spirit of fanaticism which during her lifetime held them enthralled. Whatever may be the future of the church she founded, we cannot but feel that, freed from the fetish of her personal magnetism, reason will again become enthroned in the minds of her followers, and the absurdities and extravagances of Christian Science, at least, will not long survive its founder.

Thus writes Dr. Atkinson in the Medical Brief. Good for him. Death does not sanctify a person: it does not metamorphose a swindler into a saint, nor an imbecile into a genius.

Poverty—The Worst of Germs.

To remove the cause of disease,
Relieve its pain and torture ease,
Is the doctor's work day and night
And his noble aim and delight.

With drugs many at his command,
E'er ready the sick to attend,
He oft brings relief soon and sure
And many times even a cure.

But in some diseases it's hard
Their rapid progress to retard,
And the doctor's remedies fail
To be of the slightest avail.

Protracted cases of that kind
Among the poor many you find,
Where all his efforts are in vain
A victory ever to gain.

For wholesome nutrition and light
May be needed to end the fight:
Warmth and air refreshing and pure
May be wanted for a prompt cure.

But prescribe he can't to the poor
Good food, air and light as a cure,
A luxury they can't obtain
Even if sick they must remain....

And so diseases curable
Become stubborn and durable,
Making their victims groan and sigh
In agony until they die.....

Not so could it possibly be
In a system saner, you see,
Where wage-slavery has long gone
And poverty a word unknown.

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The dangerous germs of disease
Could not always do what they please
With one free from worry and care,
Who enjoyed labor's rightful share.

Who dwelled in rooms model and good,
Fed on the best and purest food,
And inhaled the ozonized air
Which nature, plenty, has to spare.

A life as such would do away
With many causes which to-day
Produce disease and the way pave
To the dark and premature grave....

Let us, then, for that grand life aim;
The good it'll do always proclaim
In tones loud, unerring and bold,
In words strong, convincingly told.

L. BUCKLE, M. D.

Some Good Words for Our Profession.

There is, indeed, no achievement of the human intellect and character more admirable than the slow, painful, scantily rewarded but constant and substantial progress of the study of medicine during the long ages before modern discoveries made it to some real extent an exact science. Nor must it be forgotten that it was the qualities of patient devotion, alert and unwearied pursuit of truth for the truth's sake, under those trying and baffling conditions, that made modern medicine possible and opened up the brilliant vista on which the science has entered.—*New York Times.*

It may be said of the medical profession that, unlike most others, it has for its constant and sole object to confer benefits on others. The advocate, at one time, pleads for the guilty; and, at another, he endeavors to convict the innocent. The soldier engages to go wherever he is sent, that he may destroy the lives of those from whom he never received an injury; but the physician and surgeon are engaged only in lessening the afflictions, and prolonging the existence, of their fellow-creatures. —*Brodie.*

He who stirs racial, religious or class *prejudices* is one of the worst enemies of mankind and deserves the lowest depths of Inferno. And if there is no Inferno, then he deserves the contempt of all decent men.

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The Journalistic Cemetery.

As we were walking in the journalistic cemetery, medical division, we noticed several new graves. We deciphered the following names (all deceased in December):

ALLBRIGHT'S OFFICE PRACTITIONER—*Philadelphia.*
THE CHICAGO MEDICAL TIMES—*Chicago.*
THE KANSAS CITY INDEX LANCET—*Kansas City.*
THE TOLEDO MEDICAL AND SURGICAL REPORTER—*Toledo.*
THE GULF STATES MED. AND SURG. JOURNAL—*Mobile, Ala.*
THE JOURNAL OF PHYSICAL THERAPY—*Boston.*
THE MARITIME MEDICAL NEWS—*Halifax.*

They have all been decently buried and peace be to their ashes.

As we predicted, the weak, no-account journal is bound to go. At the end of ten years at least 50 journals that are now dragging a not very glorious existence, will be dead and buried—or cremated (or merged, or consolidated, which is the same thing under a different name). Some new journals will be born during that time, but they will be strong journals, born from healthy parents, brought forth into the world for a real purpose. And so by the elimination of the unfit and the creation of strong healthy children, American Medical Journalism will reach a level, the height of which we can hardly measure at the present time.

The Enlarged Medical Herald.

The Medical Herald of St. Joseph, Mo., edited by Dr. Chas. Wood Fassett has absorbed the Kansas City Medical Index—Lancet. As we do not remember the latter journal—apparently it did not possess a strong enough individuality to produce a distinct impression on our cerebral cells—and as we are not given to platitudes nor to undeserved praise, we will say nothing about it. But the Medical Herald is a good honest journal, Dr. Fassett is a hard worker and he and his journal deserve success. And we wish it to them in the fullest measure.

Sixty Below Zero.

Eagle, Alaska, November 25, 1910.

RESOR-BISNOL CHEMICAL CO., Baltimore, Md.

Gentlemen:—Please send me a sample of Resor-Bisnol, and literature.

Please send at once, but your sample will not reach me until June, 1911—only small mails by dog sleds now. 60 degrees below zero here to-day. How would you like it?

(Signed) F. SUGGS, M. D.,
Fort Egbert, Eagle Alaska.

We print the above with pleasure, as it shows the conditions under which some of our brother physicians work. We confess that we prefer Paris, or even Manhattan, to Alaska.

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Some Characteristics of Antivivisection Literature.

BY WALTER B. CANNON, A. M. M. D.

Prof. of Physiology, Harvard University Medical School, Boston, Mass.

Last year I obtained from the four prominent antivivisection societies of the country (1) copies of the pamphlets and leaflets which they distribute widely to school teachers and clergymen and other influential but medically uninstructed persons. For about two years I have also collected letters and articles which have been published on the subject in the daily press and in magazines. This literature can be considered with reference either to the justice of its claims, or to the fairness of its methods. For the present I wish to hold a consideration of the merits of the controversy in a secondary position and to examine these accumulated writings as to some of the tactics which they display.

To go thru this matter with patience is a difficult task. Dreary iteration of the same opinions, the same "eminent authorities," the same tales, characterizes the society publications; and these publications, sent broadcast, are used again and again for texts, examples and references by contributors to newspapers and journals. Surely this is vain repetition, for any one whose intelligence is not stupefied with weariness can perceive that if the identical names and phrases, and the identical instances have to be continuously cited the cause must be short of both men and ammunition.

One of the most impressive exhibits which the antivivisectionists make is the list of physicians whose opinions they quote. This list is worth examining with some care. In doing so we should keep in mind that the great victories of experimental medicine have come since 1850, and in largest number since 1880; and furthermore, that this illustrious period of medical history is practically coincident with the use of anesthesia, not only in surgery, but in experimentation as well.

(1) The New England (Boston), the New York (New York City), the American (Philadelphia), and the Vivisection Reform Society (Chicago).

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Many of the physicians whose opinions are quoted are dead. Some died long ago, others who have passed away more recently received their formal education in medicine before the period I have just mentioned. Of all the names cited the most renowned is that of Sir Charles Bell, born in 1774 and dead nearly 70 years, known for his discovery of the distinct functions of the dorsal and ventral roots of spinal nerves, and for his study of the functions of the fifth and seventh cranial nerves. In each of these important investigations his final proof was secured thru experiments on animals. His own description of his greatest discovery is as follows: "On laying bare the roots of spinal nerves I found that I could cut across the posterior fasciculus of a nerve which took its origin from the posterior portion of the spinal marrow without convulsing the muscles of the back, but that, on touching the anterior fasciculus with the point of a knife, the muscles of the back were immediately convulsed." (2) On this experiment, done a hundred years ago, nearly forty years before the use of general anesthesia, his fame rests. To quote him today as opposed to the use of the experimental method is, under the circumstances, not only a contradiction of his own practice, but a gross anachronism.

Another name which, like the words of Humpty Dumpty, ought to be paid extra because so much overworked, is that of Henry J. Bigelow. He was born 92 years ago and has been dead for 20 years. The address so often quoted was delivered in 1871—back nearly four decades. According to the testimony of his colleagues in the Harvard Medical School, his views on vivisection were apparently based on what he had seen at the Veterinary School at Alfort, France, in the pre-anesthesia days, and he had not controlled these early impressions by any experience in a modern laboratory. A close associate has testified that during the last years of Dr. Bigelow's life he never heard him say a word against animal experimentation. (3) Furthermore in a letter which has been little noticed Dr. Bigelow objected sharply to the lack of discrimination among antivivisectionists. "The confounding of a painful vivisection," he wrote, "and an experiment which does not cause pain—either because the animal is under ether, or because the experiment itself is painless, like those pertaining to the action of most drugs, or because it is a trivial one and gives little suffering—has done great damage to the cause of humanity." (4) And yet Dr. Bigelow is continually cited as a famous surgeon who was opposed to experiments on animals.

(2) A New Idea of the Anatomy of the Brain, London, 1811.
(3) Animal Experimentation. Boston, 1902, pp. 48, 74.
(4) Anesthesia: Addresses and Other Papers. Boston, 1900, p. 371.

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One other medical name appearing again and again in antivivisection writings is Lawson Tait, (born 1845, died 1899). He has been described by a competent and trustworthy surgeon as a "man of wild statements." (5) Certainly that characterization is justified by Tait's promise that if he could get enough disease germs he would gladly use them as dressings for surgical wounds, and also by his absurd denunciation of Koch, Pasteur and Lister—the leaders of modern medicine— as men who had "not only hindered true progress, but covered the profession with ridicule." This extraordinary attitude, together with his opposition to the use of animals for medical research, is perhaps explained by a line in the sketch of his life.—"He enjoyed being in a minority, and this led him to champion many lost causes." (6)

Other physicians whose opinions are quoted are of less note. There is Dr. Charles Clay, born in 1801, "interested in geology and archeology and collector of fossils." There is Dr. Charles Spooner, born in 1806, veterinary surgeon. There is Dr. John Elliotson, born in 1791, who alarmed his colleagues by administering extravagantly large doses of supposedly poisonous medicines; also mesmerist, and founder of a mesmeric hospital. There is Dr. J. E. Garretson, born 82 years ago, and Dr. Elizabeth Blackwell, born 89 years ago. There is Sir William Fergusson, M. D., born more than a century since, said to be ill-advised in some expressions of opinion, "especially in matters requiring more knowledge of physiology and hygiene than he possessed." There is Charles Bell-Taylor (dead last year, aged 80) who originated the widely quoted sentence, "Pasteur does not cure hydrophobia, he gives it:" and who, ignoring our great debt to animals for the medicines that induce sleep, for all those that give us local freedom from pain, for physostigmine, amyl nitrite, adrenalin, and many others, told his antivivisection admirers that experiments on animals have yielded us no knowledge of drugs. There is Sir Richard Owen, M. D. comparative anatomist and zoologist, born in 1804. There is Dr. John Abernethy, who died in 1831. There is J. J. Garth Wilkinson, born 98 years past, holder of an honorary M. D. degree, poet, mystic, expositor and editor of Swedenborg, author of "Improvisations of the Spirit," "Isis and Osiris in the Book of Respiration." (7)

In antivivisection literature the opinions of these persons are presented with no reference to the time when they were living and with no indication of the interests other than medical which filled their lives. The ingenuous reader takes his cue from the words of the pamphlet that they are "men

(5) Animal Experimentation. Boston, 1900, p. 47.
(6) Dictionary of National Biography.
(7) The data given above were found in the Dictionary of National Biography.

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of the greatest eminence among the vast number of physicians and surgeons who have opposed vivisection," and wonders how doctors can so profoundly disagree.

Among the living medical men quoted by the antivivisectionists, Sir Frederick Treves is most prominent. In 1898, he stated incidentally that some experiments which he had performed on the intestine of the dog had done little but unfit him to deal with the human intestine. This was of course merely his personal experience, and can readily be offset by that of other experienced surgeons who testify to the exact opposite. Indeed there is probably no field of surgical manipulation that has benefitted more by animal experiments than that of the gastrointestinal tract. Sir Frederick was quick to point out the false implication placed upon his remarks.

"Those who are familiar with the controversial methods of the antivivisection party," he wrote, "will not be surprised that certain of my remarks have been cunningly isolated from the context, and have been used in advertisements, pamphlets and speeches, to condemn all vivisection experiments as useless. The fallacy of vivisection can hardly be said to be established by the failure of a solitary series of operations dealing with one small branch of practical surgery. No one is more keenly aware than I am of the great benefits conferred upon suffering humanity by certain researches carried out by means of vivisection." (8)

That was written more than eight years ago, yet Treves still continues to be quoted as another of the eminent surgeons who have opposed vivisection.

What I have been able to learn about the other living "physicians and surgeons of greatest eminence," quoted as hostile to experiments on animals, has come mainly from the publication, "Who's Who!" Since the notices in this volume are little autobiographies, I should not be accused of employing the last resort of a losing advocate—the abuse of the opposing counsel—if I quote what these persons say about themselves. Dr. Arabella Keneally sets herself down as novelist and contributor to magazines, author of "Molly and her Man of War," "Some Men are Such Gentlemen," and other volumes. Dr. W. Gordon-Stables describes himself as novelist, journalist, professional writer for 24 years, author of 136 books with serial novels; "In the Dashing Days of Old" and "The Pirates' Gold" are cited as examples. Dr. W. R. Hadwen is secretary of the British Union for the Abolition of Vivisection, public advocate of the repeal of the Vaccination Acts and the prohibition of experiments on animals; is engaged in reform movements relating to temperance, food, hygiene, sanitation, education, and burial laws; he finds his recreation in changing his occupation. Dr. Ed-

(8) The Times, London, April 18, 1902.

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ward Berdoe, born 74 years ago, reports himself as a writer; author of Browning studies, "Browning and the Christian Faith," "A Browning Primer," "The Browning Encyclopedia," "The Biographical and Historical Notes to Browning's Complete Works," and several other books; also editor of the "Zoophilist." Dr. Josiah Oldfield, a lawyer, and senior physician to the Lady Margaret Fruitarian Hospital, strong advocate of the fruitarian diet; author of "Flesh Eating as a Cause of Consumption," "Butchery and its Horrors," and other volumes. Dr. J. D. Buck, 72 years old, homeopathic physician, president of the Theosophical Society of Ohio, author of "Nature and Aims of Theosophy," "Mystic Masonry," "Why I am a Theosophist." Dr. Stephen Townsend, novelist, surgeon, and actor, on the stage for years, playing prominent roles in "Sowing the Wind," "Slaves of the Ring," "Black Tulip," and others. This completes the list of "eminent" physicians and surgeons who have opposed vivisection, concerning whom I have been able to find any characterization whatever—the rest are not of sufficient importance to be mentioned in any of the dictionaries or cyclopedias of biography that I have searched thru for information. And this is the array of medical experts who have denounced the method of investigation which, according to Osler, "did more, in the half-century between 1850 and 1900, to emancipate medicine from the routine and thraldom of authority than all the work of all the physicians from the days of Hippocrates to Jenner."

I do not wish to imply that unless a physician does nothing but practise medicine his opinions on medical matters are of little value. But when a person with a medical degree denounces the antitoxin treatment of diphtheria, I am interested to learn that the time of that person is spent in composing romances. When another declares that the cruelty of experimentalism is "horrible to contemplate," I am better able to value his words when I know that instead of "contemplating," he has for 24 years been industriously writing and has now to his credit nearly seven-score volumes. A third expert who declares experiments on animals useless and unscientific, I understand better when I find that he is a professional agitator, working for the abolition of vivisection and for the destruction of community barriers against small-pox. The sounding phrases, "Pasteurian quackery," "antitoxin nostrum," "vivisection founded on cruelty, supported by falsehood, and practised for selfish ends," have more sound and less sense when I realize that they are the expression of an aged man who has devoted his life to studying, annotating, and editing Browning's poetry. Again, in reading the grotesque exuberance of the fruitarian lawyer—that "vivisection takes no note of pain; its spirit is not healing, but killing; its object is not to relieve pain in the victim,

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but to cause it"—I wonder in precisely what way fruit-arianism and the law have given him intimate acquaintance with the subject he so roundly denounces. And finally, when the theosophical propagandist, past his three score years and ten, unites with the actor-novelist-playwright in declaring that "scientifically" experiments on animals are useless, I have a basis for seriously suspecting that they are not trained to judge these matters scientifically.

If now we examine these "men of greatest eminence among the vast number of physicians and surgeons who have opposed vivisection," to use again the presumptuous expression of the antivivisectionists, we find that the list is made up of persons long-since quick, or long-since dead, persons who have not been opposed to vivisection in any unqualified sense, persons whose eminence in literature and art was the only eminence they possessed, and persons so obscure as not to be noticed in any manner whatever, except in the pages of an antivivisection leaflet. When we consider that every advance in medicine, like every advance in other realms, has suddenly revealed the reactionaries, the great marvel is that there are not medical men of real prominence who will support the antivivisection cause. But if "among the vast number of physicians and surgeons who have opposed vivisection," those we have just investigated are "of greatest eminence," surely the professional endorsement is insignificant.

Demonstration that many of their experts have no respectable qualifications for testifying will not, I believe, cause the antivivisectionists to withdraw either the names or the opinions of these men from circulation. Sir Frederick Treves called attention to their adroit misuse of his remarks more than eight years ago. Instead of respecting his expression of direct disapproval of their cause they have continued classifying him as an opponent of vivisection. The ignoring of Treves' correction is a thoroly characteristic manœvre on the part of the agitators. Other examples are numerous. Commenting on an experiment by Dr. H. P. Bowditch, in which the peripheral end of a nerve, which had been severed under ether, was stimulated, Mr. P. C. Peabody stated, "It will be readily seen, even by the casual reader, that it involves an amount of agony beyond which science is unable to go and to approximate to which is impossible except by a person who has devoted long years to the study of nerves." Fourteen years have passed since Dr. Bowditch plainly pointed out the utter absurdity of the assumption that even the slightest pain could have been inflicted by stimulating a piece of nerve separated from the central nervous system, (9) and yet the New England Antivivisection Society was

(9) Communications of the Massachusetts Medical Society, 1896, p. 43.

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last year still distributing this ancient slander.

Nine years ago Dr. W. W. Keen, in a paper of admirable simplicity and directness (*Journal of the American Medical Association, Feb.* 23, 1901) laid bare instances of repeated interpolations, mistranslations, and garbled, inaccurate accounts of experiments in a single antivivisection publication. What was the effect? To what degree have nine years been sufficient for the development, in antivivisectionists, of respect for the facts?

In a pamphlet now being circulated I find mentioned Dr. Berkley's observations on the effects of administering thyroid extract to insane patients. Altho Dr. Keen showed that the therapeutic use of thyroid extract varies between 15 and 60 grains per diem, and that Dr. Berkley's maximum dose was only 15 grains per diem, the pamphlet does not distinguish between the toxic effects of these small doses in some cases and the beneficial effect in others, but declares that Dr. Berkley was "poisoning" his patients. It goes on to state, "Two patients became frenzied, and of these one died before the excitement had subsided." In the original the sentence is completed by the words, "the immediate cause of the exitus being an acute disseminated tuberculosis." The absurdity of attributing death by galloping consumption to thyroid tablets, which had not been given anyhow for seven weeks, was clearly explained by Dr. Keen in his paper nearly a decade ago. He did not emphasize the wrong done to Dr. Berkley by the crafty mutilation of a sentence. Of course, a decent sense of honor would have impelled an instant correction of this wrong, yet the antivivisectionists have continued these nine years to deceive the credulous public without any moving consideration that their imposture involved a man's good name.

Another statement in the pamphlet is as follows:—"Dr. A. H. Wentworth, Senior Assistant Physician to 'The Infants' Hospital,' Boston, made forty-five vivisections, tapping the spinal canals of children, many of whom died." Unless the writer of this statement intended to intimate that there was a connection between the death of the children and the tapping of the spinal canal, the statement is without significance in an antivivisection publication. A careful reading of Dr. Wentworth's paper shows that the tapping of the canal, which is a common routine procedure, had no harmful effects whatever. To be sure some of the children died later, but in every fatal instance the cause of death, which had no relation to the puncture of the canal, was definitely determined and stated. All these facts Dr. Keen pointed out nine years ago. What was the result? The story with its evil insinuation is still circulated everywhere by the antivivisectionists, again without any observable respect for the facts, or regard

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for an honorable reputation. Even this exhibition of hostility has not proved a sufficient outlet for antivivisection feeling, for in the *Journal of Zoophily* (April, 1910, p. 44), Dr. Wentworth is referred to as having experimented "upon between forty and fifty little children in the 'Children's Hospital' of that city (Boston) every one of whom died after the performance of his operation."

Nearly three years have passed since the attention of officers of the New York Antivivisection Society was called to the fact that by suppressing mention of anesthetics in experiments they described, they were giving a wholly false impression of the way in which these experiments were conducted. Again nearly two years ago Dr. F. S. Lee indicated in a public letter (10) that the Society, in spite of having had a full year in which to correct these misrepresentations, was intent on its policy of deluding the public. I have recently had occasion to examine again the pamphlets which the Society is distributing,—the misrepresentations are still there, unchanged. (11) Details of operations by Dr. W. S. Halsted are quoted, and altho the original account expressly stated that anesthetics were employed, the pamphlet does not even suggest them. Selections taken here and there from Dr. G. W. Crile's report of his experiments on surgical shock are presented, again with no intimation of anesthesia; and this in spite of Dr. Crile's printed statement that "in all cases the animals were anesthetized," and also in spite of the testimony of Dr. F. W. Goodbody (12) and of Sir Victor Horsley (13) (in whose laboratory, under the English antivivisection law, much of the work was done) that the animals, tho sometimes exhibiting reflexes, were completely insensible to pain.

The Society furthermore continues to suggest that one can only imagine "how intense the suffering" which caused a cat at the Rockefeller Institute to "spend the day jumping on and off the furniture"—when in fact, as Dr. Carrel explained (14) nearly two years ago, the animal was a young cat, in perfectly normal health, manifesting its natural playfulness.

From these specimens of persistent disregard of fair treatment, when can we expect that misstatements and

(10) New York Evening Sun, March 12, 1909.

(11) These publications which contain also the statements about Dr. Wentworth and Dr. Berkley above mentioned, were sent to a friend of mine in November 1910, with a letter from the President of the New York Antivivisection Society proclaiming with reference to the pamphlets:—"You may rely on them as being absolutely accurate and authentic."

(12) London Times, March 13, 1902.

(13) Minutes of Evidence, English Royal Commission on Vivisection, 1906-08, Questions 15893-7, 16220-2.

(14) See New York Evening Sun, March 12, 1902.

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evasions, even if publicly exposed, will be withdrawn? Two years are evidently not enough for the antivivisectionists to manifest this sense of honor, nor are nine years, nor fourteen. I have cited instances in their literature, instances of grossly garbled descriptions of the work of medical men, the inaccuracies in which have been clearly demonstrated for these long intervals, without, however, any sign of a tendency on the part of the prevaricators to reconstruct their statements in conformity with the facts. Experience has proved that the false story once well told, need not be withdrawn or altered, even if its falsity has been exposed, for that part of the public that likes to be humbugged is ready to read and listen and yield its humble credence.

The fundamental wrong committed by the antivivisectionists in their agitation against medical research is the presentation of a misleading issue. They deny that any utility has come from animal experimentation, they describe the experiments as horrible torturing of dumb brutes, and then they ask if this futile cruelty shall be permitted to go on. If this really were the whole story, few would hesitate on which side to stand. Every decent man and woman is opposed to cruelty; every decent human being winces at the thought of inflicted pain. It is for this reason that the picture of the fastened dog makes such a powerful appeal. But this is not the whole story. As I have pointed out elsewhere, it would be as fair to display a picture of Grenfell fighting his faithful dogs and stabbing them to death, labelled "Is this the way to treat your pets?" as it is to represent animal experimentation without its motives and without its triumphs. Grenfell, in his struggle on the ice-pan, stabbed his dogs (15) to save his own life, and every man with common sense commends the bravery, the resourcefulness and the proper sense of values of this missionary hero. That is what any worthy man who sees straight would try to do if he were cornered and had to spend his own life or that of lower animals. Precisely that is the issue which the investigators see. And they know also that by the sacrifice of some animals the chance of life and health for mankind and for myriads of other animals as well, has been enormously enlarged. Read the articles, written recently by experts in the several fields, telling the relation of animal experimentation to the treatment of diphtheria and tetanus, to meningitis, rabies, smallpox, to dysentery and cholera and typhoid fever, to plague, tuberculosis, syphilis, to the disturbances of internal secretions, to our knowledge of the action of drugs, to surgical technique, to childbirth, to hygiene and preventive medicine

(15) See "A Voyage on a Pan of Ice," by Dr. Wilfred T. Grenfell, Boston, 1908.

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—read these articles (16) and learn what the animals have done for their fellow creatures. Precisely because they have rendered such immeasurable service do we turn to them for further aid. Of the animal thus used Professor William James has written with illuminating insight, "If his poor, benighted mind could only be made to catch a glimpse of the human intentions, all that is heroic in him would religiously acquiesce." (17)

Before the antivivisectionists can command the respectful attention of intelligent people they must fundamentally change their tactics. They must clear their literature of the anachronistic hostility of men long since dead, men who had no conception of the merciful procedures of modern experimentation, nor of its life-giving results. They must rid their publications of the testimony of spurious experts whose reputations were made in literature, art or theology, and not in the service of healing. They must purge their propaganda of the fraud and trickery and evil insinuation that have for years characterized it. And I may perhaps be permitted to suggest that the process of making their methods clean and their ways straight involves paying some respect to the high purpose of biological investigation and its beneficent achievements for human welfare, which together give meaning and sanction to the experimental use of animals.

Race Suicide or Race Improvement?

BY GEORGE F. BUTLER, A. M. M. D.

Professor and Head of Department of Therapeutics and Professor of Preventive and Clinical Medicine, Chicago College of Medicine and Surgery.

Three decades ago and even less, the dangers of over population were much discussed. Today, the trend of American thought has reverted to pre-revolutionary times and stands aghast at the prospect of race suicide.

The great error which thinkers like Malthus in the early 19th century made was similar to that which denouncers of race-suicide make today. It was the fundamental error, as Nitti shows, of confusing, real and potential increase. This was further emphasized by the belief, that with improvement in environment, the birth-rate must increase indefinitely. To this was due the blunder made by Samuel Adams, who claimed in 1765, that the population of the United States would exceed that of Europe in a century.

The slightest study of biology demonstrates the absurdity of this claim, since with the rise in development,

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(16) Published by the Journal of the American Medical Association, Chicago.

(17) The Will to Believe and Other Essays, New York, 1899, p. 58.

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the offspring increase in quality, not in quantity. The lower vertebrates like the fish, have thousands of young at one birth, while the higher like man, have but one.

Since there are two preservative forces in every animal group, viz. the impulse of every individual to self-preservation and the impulse to the production of other individuals, these must vary in inverse ratio to the struggle for existence between animal organisms, as established by Roux. The former must diminish when the second augments. As degeneration is a reverse of the process of evolution by which structures, organs and living beings proceed from the incoherent undifferentiated homogenous to the coherent differentiated heterogenous with a loss of explosive force, it constitutes a process of disintegration, the reverse of integration.

If the term individuation be applied to all the processes which complete and sustain the life of the individual, and that of generation to those which aid the formation and development of new individuals, individuation and generation are necessarily antagonistic.

The larger organisms never reproduce their kind in the unisexual way, while the smaller organisms procreate with the greatest rapidity by this method. Between these two extremes reproduction decreases as size increases. In plants and animals is evident the physiological truth that while the general growth of the individual proceeds rapidly, the reproductive organs remain imperfectly developed and inactive. On the contrary, that appearance of reproductive power indicates decrease in intensity of growth and becomes a cause of cessation.

Great fecundity is always attended by great mortality. Each superior degree of fecundity increases mortality. The more numerous the germ, the less is the individuation, and vice versa. The greater and more complex the organization, the less is the power of the multiplication. As animals rise in evolution, egg and fetal life becomes longer, while on the other hand, the progeny naturally become fewer. It is a long way from the ten million of codfish born from one female in a minute period to man with the single offspring born after a period of fetal life that is increasing in duration. The progeny are much better fitted to survive, albeit so much fewer in number.

Man in colonies degenerates, as Hawthorne remarks: he reverts at first to an increase in frequency of births and the number born at a birth. Both phenomena are expressions of degeneration. Degenerates are, moreover, from various causes drawn to colonial life and increase this reversion. Degeneracy thru its tendency to generalize rather than to specialize functions causes too rapid development

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of cells, which tend to extinguish each other, thus preventing proper evolution. The same condition prevents proper development of the ovum if formed and fecundated; and finally causes too simultaneous a development of ova, which tend to destroy each other. The same cause produces also premature extrusion of ova. Under given conditions this principle tends to produce a reversion of type in the shape of too frequently repeated and abnormally multiple births. Even ancestors of those predisposed to phthisis have numerous families and many children at a birth, albeit most of the latter die ere reaching the sixth year. Marandon de Monteyel finds that multiple and frequently repeated pregnancies often occur among the families of defectives. Kiernan found that ninety hereditary defective families averaged eleven children each. Six families had five children each, four had seven children, eight had eight, ten had nine, fourteen had ten, eight had eleven, four had twelve, four had thirteen, four had fourteen, three had sixteen, three had seventeen, four had eighteen, three had nineteen, five had twenty and one had twenty-one children. Twins, triplets and quadruplets were so many more times frequent than in normal families that a comparison could not be made. Manning has found similar conditions in Australia. Valenta, of Vienna, who noted the same thing among epileptics, reports the case of an epileptic mother who had thirty-six children, among whom were six times twins, four times quadruplets, twice triplets. Her epileptic daughter, bore thirty-two children before she was forty, including quadruplets twice, triplets four times and twins once. Thus while there is an increase with the rise in evolution, this occurs with respect to quality and not to quantity, to survival and not to increased birth-rate.

According to some sociologists, the climate of the United States exercises on the first generation of European immigrants a deleterious influence in regard to fecundity. The decrease in fecundity of the American woman has been charged to various antisocial causes (abortion and prevention of conception, etc.) and to "nervousness" induced by the climate.

A seemingly fair test of the influence of climate would be, as Talbot shows, a race which is elsewhere fecund and whose religion encourages fecundity, but which decreases in the first generation after immigration to the United States. Such a race is the Jewish. According to Gihon's analysis of the United States Census of 1809, the Jewish birth rate is diminishing. The first generation of Jews has a birth rate of 3.49 children, as against 5.24 for those born in Germany, and 5.56 for those in Russia and Poland, 5.27 for those in Hungary, and 5.44 for those in Bohemia. These figures, however, do not demonstrate the influence of climate but of

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environment. The Jew, unlike the earlier American colonists, is not exposed to the stress of frontier life. He is in a more favorable mental and physical environment than on the continent of Europe. This fact, therefore, does not demonstrate the effects of climate, but is really the result of improved factors constituting environment. [And then here they become enlightened in the methods of prevention of conception. Ed.]

From a biologic standpoint, all other things being equal, decrease in birth rate is evidence of an increase in quality and therefore makes against race suicide in the higher and truer sense of the term.

That in France the decrease in the birth rate has seemed to bear another significance is largely due to the influence of the destructive wars of the first republic and the first Empire, which swept away thousands in the prime of life, just as the wars of Louis XIV had previously done. The influence of these wars was further increased by a factor comparatively unknown in English-speaking countries, that of badly adjusted marriages of convenience. In Paris, where the struggle for existence is more severe, late marriages are frequent. Above the age of forty for men and thirty-five for women the marriage rate equals and even exceeds that of the whole of France. The result of this is decrease in the legitimate birth total.

Whether these conditions proceed from growing difficulties of existence or from fear, always augmenting, also of trouble and care, or from these two causes combined and mutually strengthening each other, the consequence is the same. French marriages are becoming more and more merely commercial transactions whence arises that worst and most shameful of selections, as Letourneau remarks, selection by money.

A. Bertillon, a moral demographer, thunders against what he calls "the system of dower" favored by the Latin races, who get it from Rome where recourse was had to it to emancipate patrician women from strictly conjugal services. But the remedy has become an evil. To the love of the dower, of the "beautiful eyes of the casket," must be attributed the marriages by purchase, much more common in France than elsewhere. Sometimes old men conjugally purchase young girls, and sometimes old women buy young husbands. In this regard, France is unworthily distinguished above other nations.

The proportionate number of marriages between bachelors from eighteen to forty years and women of fifty years and upwards, remarks H. C. B. Alexander, is ten times greater in France than in England.

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MARRIAGES WITH WOMEN OF FIFTY YEARS AND UPWARD.

(In a million marriages,)

France.		England.	
Age of bachelors.	Marriages.	Age of bachelors.	Marriages.
18 to 20 years.....	64	18 to 20 years.....	0
20 to 25 years.....	109	20 to 25 years.....	5
25 to 30 years.....	151	25 to 30 years.....	12
30 to 35 years.....	188	30 to 35 years.....	22
35 to 40 years.....	257	35 to 40 years.....	40
	769		79

The first group, men from eighteen to twenty years marrying women of fifty and upward, is unknown in England. The second group, that of the men of twenty to twenty-five years marrying women of fifty years and upward is scarcely represented. These figures refer to first marriages alone. Like tables showing marriages between young girls and old widowers or between aged widows and young men would add to the indictment.

MARRIAGES WITH MEN OF SIXTY YEARS AND UPWARD.

France.		England.	
Age of girls.	Marriages.	Age of girls.	Marriages.
15 to 20 years.....	94	15 to 20 years.....	2
20 to 25 years.....	139	20 to 25 years.....	15
25 to 30 years.....	176	25 to 30 years.....	32
30 to 35 years.....	242	30 to 35 years.....	49
	651		98

It is generally assumed that checks on race increase, such as abortion, infanticide, child-exposure, etc., are products of civilization. This however is a survival of the cant about the noble state of nature which so misled Rousseau. Every primitive race practices without thought of unethical significance, each of these checks to population, and each practice obtains in proportion to the modern reversion to primitive conditions. The uncultured are much more apt to practice such checks than are the cultured. The decrease in the American birth-rate is an expression of race advance, not of race-suicide. It is a gain in quality at the expense of quantity, and hence it indicates a distinct step forward in evolution.

[Dr. Butler is right. I would state it this way: the cultured woman prevents the undesired child from being born; the savage woman kills the child—by neglect, exposure, etc.—after it is born. Editor.]

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THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

Treatment of Hypertension and Arterio-Sclerosis.

The main therapy of hypertension and its associated conditions according to Dr. H. L. Elsner (Am. Journ. Med. Sci., Jan. 1911) is dietetic. Just enough food and drink should be given as will nourish the patient, and no more. Tobacco is interdicted, while only "decaffeinized" coffee is allowed. Exercise, massage, baths, and even high frequency currents are of real value. Of drugs, the iodides are of paramount import. As the strontium and rubidium salts are best borne they should be used first to establish tolerance. Then, as they control symptoms and apparently influence the underlying process, the potassium and sodium salts should be taken up and continued as long as possible. For the persistent hypertension itself a modified Lauder Brunton draught may be used:

℞	Sodii nitritis	3.0
	Sodii bicarbonatis, C. P.	32.0
	Potassii nitratis	32.0
	Aquæ q. s. ad	132.0

M. Sig. Shake. One teaspoonful in a gobletful of hot water before breakfast.

Upon the first signs of myocardial deficiency, digitalis, is of course in order.

Iodine the Ideal Surgical Antiseptic.

Dr. F. S. Woodbury, U. S. A. writes very enthusiastically of the use of iodine as a general antiseptic in surgery (N. Y. Med. Journ., Dec. 3. 1910). He reports six cases in which the drug was used in tincture form. The list includes a case of dystocia with operation for retained placenta and repair of a badly lacerated perineum and cervix in which tr. of iodine was swabbed in full strength over the wounds and used as a douche (a teaspoonful to the quart); a case of exploratory arthrotomy (knee) and repair of lacerated ligaments; a case of acute intestinal obstruction; compound fracture of the leg, etc. All cases made ideal recoveries.

The drug is used to sterilize the field of operation, the instruments and materials employed, and the hands of the surgeon. For douches and irrigations a solution of the strength mentioned above (about .007%) is recommended.

Iodine stains can be removed by boiled or raw starch, ammonia water or other ammonia preparations, hydrogen peroxide, Fowler's solution or ether.

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Prevention of Ear Disease.

Dr. Albert Bardes claims (N. Y. Med. Journ., Dec. 24, 1910) that 25 per cent. of all brain abscesses, 65 per cent of all pyemias and 10 per cent. of all cases of meningitis can be aborted by proper treatment of ear conditions. For this reason ear-ache should always be given serious attention. We must bear in mind that we are dealing with an infection near the brain which may assume alarming proportions at any moment. If the symptoms are slight and the patient is strong we can attempt to abort the infection by rest, hot applications, fluid diet, a laxative, and possibly a single dose of morphine to ensure comfort—more than one dose masks the symptoms. Frequent irrigations with a warm bichloride solution, 1 in 5,000, are usually helpful and soothing.

If such measures fail an open incision—the internal Wilde's incision—should be made.

In mastoiditis there is tenderness on pressure over one or more of four points: over the mastoid antrum, the mastoid tip, the posterior canal wall, and the emissary vein. It is well to compare the tenderness of the diseased ear with that of the sound one.

If the incision of the drumhead fails to cure the infection, the open mastoid operation should be performed without delay and before the patient becomes too weak. The advantages of an early operation are that it saves the hearing and checks the progress of the disease.

Fear in Psychoses and its Treatment.

Dr. W. K. Walker (Penn. Med. Journ., Dec. 1910) describes the development of fear in the insane from its slightest to its most severe manifestations. The only treatment of this feature is the arousal of interest and self-forgetfulness in the patient, and the best way to do this is to furnish him some mechanical occupation.

While open-air pursuits are of course the most desirable, it must be remembered that any game or occupation that will divert the thoughts into normal channels, that will direct them outward instead of inward, becomes remedial.

In order that enthusiasm may be exhibited in this work along the lines suggested it is essential that a comprehensive knowledge of both normal and abnormal mental phenomena should augment effort. False and antiquated notions about insanity and the insane are incompatible with this comprehensive knowledge. When this knowledge and enthusiasm is applied to the work of rebuilding a shattered personality, of restoring the ability to enjoy and to fulfill the duties of life, it will be found that it can readily be communicated (for nothing is so contagious as enthusiasm) to the humblest caretaker who will receive systematic instruction with keen interest and apply it to his daily work.

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LETTERS TO THE EDITOR

The Brownson Statue.

Dear Dr. Robinson:—I have much sympathy with the sentiments expressed by your correspondent, who signs himself "Freedom." To avoid any misapprehension, however, I append a letter from Commissioner of Parks Stover, in answer to my inquiry whether the statue to Orestes A. Brownson had been erected at public expense. Mr. Stover says:

"This monument, as recorded in the submission document to the Municipal Art Commission, was a gift to the City by the Brownson Memorial Committee, whose Chairman is M. J. Herson, Times Building, Times Square, N. Y. City. The sculptor was Samuel J. Kitson, now deceased. The bronze bust is five feet in height on a granite pedestal nine feet, three inches high. The estimated cost was $7000. There was no contribution at all to the monument, out of the public funds."

It will be seen that the City accepted the statue, as it seems to be in the habit of doing, as a gift from those who saw fit to squander their money in honor of a mere theological controversialist. Whether the offer of a statue of Col. Ingersoll would be accepted or not, is most uncertain. If not, then it is an outrage and insult to the city to show religious partisanship, by giving place to the Brownson monument. If the City is willing to accept any old statue, then there would be as much good sense in receiving a statue of Brigham Young from the Mormons, as in allowing the memorial of a mere bigot like Brownson to usurp space which could be better occupied. The better method would be to accept no monuments, except those commemorative of civic services or of eminence in art, literature, science or other departments outside the domain of sectarianism, partisanship or controversy.

Sincerely yours,
JAMES F. MORTON, JR.

Those 47 Days in Europe.

My dear Sir:—I want to congratulate you on the October issue of THE CRITIC AND GUIDE which contains the account of your travels in Europe. Having myself covered much the same ground as you did, I followed your movements with great interest, but what impressed me most of all was your original and vigorous treatment of the subject. I am cordially in accord with *most* of your opinions,—I won't say all, for some of the subjects touched upon are controversial—but there is a human touch in your impressions which makes them most interesting reading, and I enjoyed perusal of your article very much, including your comparison of London and Paris, to the disadvantage of the former.

I read your publications thru regularly and find much useful matter in them.

With compliments,
Yours faithfully,
THOS. STEPHENSON,
Edinburgh. Editor of *The Prescriber*.

Dear Dr. Robinson:—I just received your October journal yesterday morning, and spent the entire evening last night going with you in your 47 day European tour, and enjoyed it hugely. I read your excellent journal thru as David Harum says, from "kiver to kiver", including all the ads. I like it. I can sympathize somewhat with Tarantine Micheline; however with this difference. She wants to travel and can't; I don't want to travel and can't.

I rather agree with Longfellow when he says:

"Stay at home, my heart and rest,
Home keeping hearts are happiest;
For he who wanders he knows not where,
Is full of trouble and full of care,
To stay at home is best."

That is why I have never even been to New York; but I like to hear the other fellows tell about their trips.

Out of my large list of exchanges, there are two or three, and yours is one of them I take the trouble to go thru thoroly. I am glad to get an idea how you look, from your picture on page 343. You are not nearly as fierce as I thought you were from your writings, and some day I hope to get hold of you and

become better acquainted. Here's a hearty hand shake across the miles, and best wishes.

Yours fraternally,
Lima, O. Dr. H. C. BENNETT.

The Germ He Died Of.

Dear Dr. Robinson:—A friend of mine died of—according to the death certificate — tuberculosis. I know that, at least in this case, the physician who signed the certificate was mistaken as to the cause of death. It was not the tubercle bacillus which killed him; but a far more virulent and dangerous germ. Had I signed the death certificate, I should have put down the real cause —poverty.

My friend could have lived many years yet. Could have even overcome the tubercle bacilli, had not the giant germ, the most dangerous monster of all cocci and bacilli taken together, aided the tubercle bacilli in the process of life destruction.

L. BUCKLE, M. D.

Dear Editor:—When taking too many journals it is sometimes difficult to decide which ones you wish to dispense with, but in this instance it is an easy task to know which to keep.

Therefore, enclosed, you will find my check for one year's renewal to "THE CRITIC AND GUIDE," and may the Editor with his brilliant and fearless brain live long and continue to give out mental food that is not only good for the physicians, but for the laity as well.

Fraternally yours,
E. P. CLEMENS, M. D.
Dayton, Ohio.

Book Notices.

PRINCIPLES OF THERAPEUTICS. By D. Manquat, member of the Académie de Médicine. Translated by M. Simbal Gabriel, M.D.—D. Appleton & Co., New York. Cloth, pp. 298. Price $3.00.

This is an interesting and rather unique book. It does not deal with specific drugs and diseases, but with the general principles of treating disease. The author insists, and rightly, that if we expect to make real solid progress, we must free therapeutics from conjectures, guesses and fanciful theories, and build on well-demonstrated facts. To the physician who wishes to have a broader outlook on the most important branch of medicine, this volume will prove extremely suggestive.

In spite of the fact that the translation is decidedly too literal, and on account of that, distinctly wooden in some places, Dr. Manquat's book deserves a place in the library of every thoughtful general practitioner.

PRINCIPLES OF PUBLIC HEALTH. By Thos. D. Tuttle, B. S., M. D. World Book Company, Yonkers-on-Hudson, New York, 1910. Illustrated, cloth. Price, 60 cents.

We can heartily recommend the book for the purposes for which it is intended. It is never *too early* to begin to teach children how to take care of their health and how to guard themselves against preventable diseases, and this the book does in a plain, simple and satisfactory manner. The chapters on vaccination should be read by adults also.

PRIMER OF HYGIENE. By John W. Ritchie and J. S. Caldwell. Illustrated, cloth. Price 50 cents. World Book Company, Yonkers-on-Hudson, New York, 1910.

The purpose of this booklet is to teach the lower grade pupils *personal* hygiene, and the purpose is well accomplished. The chapters on alcohol and tobacco are sane and temperate.

AN EPITOME OF HYGIENE AND PUBLIC HEALTH. By George M. Price, M. D., formerly Inspector New York State Tenement Commission, Medical Sanitary Inspector, New York Department of Health. 12mo. 255 pages. Cloth, $1.00, net. Lea & Feibiger, Publishers, Philadelphia and New York, 1910.

This is an excellent little manual and covers the subject in a very satisfactory manner indeed. It will be of special value to those who intend to engage in the work of sanitary inspectors, meat and milk inspectors, etc.

INTERNATIONAL CLINICS. Volume IV. 1910.

This volume of the excellent quarterly contains many interesting papers. The first paper deals with salvarsan (606) in syphilis, the second with salvarsan in syphilitic iritis; there are articles on Asiatic Cholera, transfusion of blood, spinal anesthesia, the traumatic neuroses, etc.

PRAISED BY SOME, BLAMED BY OTHERS, DISDAINING THE FOOLS, BRAVING THE WICKED, I HASTEN TO LAUGH AT EVERYTHING . . . . FOR FEAR OF BEING OBLIGED TO WEEP

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

1 year, $1.00 - Single copy 20c. - Foreign $2.00

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XIV NEW YORK, MARCH, 1911. NO. 3

Editorials and Editorialettes.

TO ONE OF MY FAIR UNKNOWN ADMIRERS.

This morning while I was examining a patient the telephone bell rang. My secretary answered it. The caller who would not give her name said that she wanted to speak to me personally for just one minute. I never speak to people who will not give their names and state their object, but my secretary said that the speaker's voice was so soft and pleasant, that I might make an exception. I picked up the receiver and this is what I heard a sweet lady's voice (you may apply the adjective sweet to either the lady or the voice) say: "Pardon my presumption. But I called you up merely to thank you for the pleasure which your articles in THE CRITIC AND GUIDE afford me and to ask you to write more of them. And you must be a lovely man to write the way you do." That's all. And she was about to hang up the receiver. I thanked her laughingly and tried to find out her name. This she would not give. All she would say is that she was a good friend of Dr. A. Jacobi, that it was in his house that she first saw THE CRITIC AND GUIDE and that it was on his recommendation that she subscribed. And so my fair admirer must remain unknown to me.

I wonder if you prosaic readers understand what a little incident like this means to us, to people who do not turn out their stuff mechanically, but who write with their heart-blood and their nerve-fibres, and who believe that they have a *mission*. It means more than I care to tell you. It is the spontaneity of it that is particularly pleasing.

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My fair unknown admirer, you have my sincere heartfelt thanks for the unrepressed expression of your feeling.

How much better, how much sweeter this world would be, if people did not repress the expression of their feelings of love, of friendship, of admiration. But we live in a cold, coarse prosaic world and we are stifled by conventions.

THE TREATMENT OF VENEREAL DISEASE SHOULD BE MADE A FELONY PUNISHABLE BY IMPRISONMENT.

The depths of the human mind are unfathomable, its labyrinthine paths unexplorable. Sometimes in your explorations of the mind you think you have reached the lowest depths of silliness, of unreasonableness. But no, you explore further and you find still lower depths.

The discussions which followed the discovery of Salvarsan (606) are illustrative of the latter statement. To the ordinary sane mind it seems incredible, but it is true that many people, *physicians among them*, have deplored the discovery of 606, for fear that it might tend to increase immorality. What we said in our October issue as a joke, is said by others in real earnest. For instance a Doctor Sperry, of whom we confess we never heard (probably some pious humbug), but whom the newspapers describe as "Dr. Lyman B. Sperry, a widely known medical author and lecturer of Pasadena, Cal.", has relieved himself of the following gem of wisdom:

"If such a chemical has been discovered, and I don't believe it has, it will be the greatest curse mankind has been given since Adam and Eve were driven from the Garden of Eden. If such a cure has been discovered, it will have a very harmful effect on all mankind, as it will be the means of more loose living than is now prevalent. I hate to think of the moral influence it will have."

And what is more, at least two editors of medical journals, whom for the sake of peace in the family we will leave unnamed, have been guilty of similar outrageous opinions. We say outrageous; perhaps the simple adjective stupid would be more appropriate.

Let us analyze them a bit. First of all you will notice that Dr. Sperry and the other pious idiots who consider the discovery of 606 a curse all assume that mankind is thoroly depraved or what they call debauched; that they take it for granted that the people think of nothing but sexual intercourse, and would rush into excessive and never-ceasing indulgence, but for the fear of venereal infection. Take away that fear, and everybody will throw up his or her work and will plunge into uninterrupted bacchanalian orgies.

To this we would reply, first, that it is a lie: that mankind is not debauched; that the illicit intercourse that is indulged in is indulged to satisfy natural needs; that the taking away of the

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fear of infection would not materially increase the amount of sexual indulgence; and if it did, it would be so much a lesser evil than venereal disease, that it would not be worth considering. And we would reply, second, that a man who is virtuous merely because he is afraid is not virtuous at all. Involuntary virtue is no virtue. This is what we could reply.

But let us assume for the moment that the pious idiots above referred to are right; let us take it for granted that the discovery of efficient curative agents for gonorrhea and syphilis would prove a curse by undermining the people's morals. If this be so, then do not those pious humbugs see, that every physician who is treating venereal disease is a criminal against our morals? If it is wrong to discover a remedy which will cure syphilis in a week, then it is wrong to cure syphilis in a year or in three years. We should refuse to treat venereal disease at all! Let the wretches, who are the victims of their own debauchery and immorality, suffer forever! By curing them, by perfecting our methods of treatment we encourage immorality. The wretched sinner knows that if he gets a disease he will go to a specialist, who in the space of a few weeks or a few months will cure him. But if he knew that no doctor would want to treat him, that once he got a loathsome disease he would have to keep it to the end of his days, he would keep away from vicious indulgence in illicit intercourse. Isn't our logic perfect? Yes, the more we think of it, the more convinced we are that all search for effective antivenereal remedies, all treatment of venereal disease is immoral. Yes, we are going to give up our present specialty and we are going to plead with our genito-urinary surgeons and syphilologists to cease treating venereal patients, because by doing so they contribute indirectly, but none the less positively to the spread of immorality. And should we fail by moral suasion to make them give up their nefarious work, we shall introduce a bill making the treatment of venereal disease a felony; and we shall also introduce a bill making the manufacture of any drug or chemical for the prevention or cure of any venereal disease a felony, punishable by twenty years at hard labor. And we would urge the judges to show no mercy to venereal specialists even of the highest standing, nor to druggists or manufacturers who traffic in antivenereal drugs.

Our morals must be safeguarded at all hazards.

Fiat virtus, pereat coelum.

THE AMAZING IGNORANCE OF THE "CULTURED" REGARDING MEDICAL QUESTIONS.

We know what vague, hazy ideas the ignorant laity entertain regarding the medical profession and medical problems in general.

But if the ideas of the ignorant are vague and hazy, the ideas of the quasi-cultured and semi-educated, of those without a solid scientific foundation, are absolutely rank. They are so

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fantastic and absurd, as to border on insanity. Here, for instance, is Mr. Upton Sinclair. Mr. Sinclair has written at least one powerful novel. And, besides, he is a socialist. And a socialist is supposed to be able to think rationally and logically, and not to talk about things, of which he knows nothing, of which in the nature of things, he can know nothing. And still read with what aplomb he enunciates the most absurd propositions. But let his letter speak for itself.

FOOD THAT KILLS.

Editor of THE CALL:

Here is a letter which the New York Times found unfit to print. While it does not deal with economics, still I know that The Call is open to new ideas of all sorts, and I thought that you might like to have it.

Sincerely,

U. SINCLAIR.

Edgemoor, Del., Jan. 28, 1911.

"In common with thousands of the other friends of David Graham Phillips, I watched hour by hour the accounts of his condition as they appeared in the newspapers. I learned that Mr. Phillips had been pierced by four or five bullets; that he had a perforated lung and a wound in the abdomen, and that he was lying at death's door. Everything depended upon keeping him quiet, upon the avoiding of hemorrhages in the lung until the dangerous wound had had time to heal. I read that he had come out of the anesthetic and was resting quietly and had a chance of life. A few hours later the report came that hemorrhages had begun, that they had been occasioned by vomiting, caused by the fact that he was unable to retain some beef tea which had been fed him. It was impossible to stop the hemorrhages and in a few hours he died.

"From these reports (which presumably are correct, because all the newspapers agreed about them) I have no hesitation in saying that Mr. Phillips' death was caused by the ignorance of the physicians who were in charge of him. And Mr. Phillips was a man who was doing important work in the world and could ill be spared by his friends, to say nothing of the hundreds of thousands of readers of his books. It is something to be contemplated with horror that qualified physicians, occupying positions of responsibility, should be so grossly ignorant concerning the most fundamental law of health, that they would be willing to introduce food into the stomach of a man who was lying at death's door, as Mr. Phillips was. Of all the stupidities that are perpetrated by our recognized schools of medicine, this is perhaps the blackest and most deadly.

"I write with vehemence about it, because I have witnessed the tragic consequences of this blunder in literally scores of cases.

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I have myself been a victim of it, and members of my family have been victims of it; if we are alive today it is more because of good luck than of any skill on the part of men to whom we paid thousands of dollars to treat us for disease.

"Mr. David Graham Phillips was a big man, in robust health, and plentifully supplied with flesh; he could at any time have lived for thirty or forty days without one particle of food. I have seen men not half so robust live for even longer periods, and yet his physicians could not leave him for twenty-four hours without food, at a time when every particle of his physical energy was absorbed by the desperate effort to cope with four or five dangerous wounds. Of course, he had no power to digest, and of course whatever he took into his stomach lay there and fermented, and was ultimately rejected.

"How long will it be before some of our medical men have intelligence enough to study the thousands of cases of fasting which are clamoring for their attention, and familiarize themselves with the first rule of the treatment of disease, that no minutest particle of food should be taken into the system by any human being while there is any trace of a diseased condition of any sort whatever, or proceeding from any cause whatever.

"I do not write about this question as a matter of guesswork. I have seen the truth of this axiom demonstrated in scores and hundreds of cases. Two years ago I was carried off a steamer at Key West desperately ill with fever. I did not know as much as I know now, but I knew enough to refuse food for three days; at the end of that time I was sitting up, and I permitted the physician to persuade me to take half a glass of milk. The next morning the fever had returned, and I was in for another week's siege. Many years ago a woman friend of mine was operated upon, and after she was out of the anesthetic, and the vomiting had ceased, the physicians began to feed her, precisely as they fed Mr. Phillips. For three weeks she lingered with a slowly increasing infection, and had to undergo a second operation. Looking back on the episode in the light of my later knowledge, I know that the second operation, to say nothing of the first, was utterly unnecessary and that the fever would have gone in a day or two, if the patient had been given nothing but water. In a third case, which I have in mind, a patient was ill of appendicitis, which had been incorrectly diagnosed. She lay in intense agony for the greater part of a week, being kept alive by means of morphine; and she describes to me how every day the physician—a highly paid practitioner, and a member of the faculty of a medical college— would stand by her bedside while the nurse held out food to her, and say in a sepulchral tone of voice, "If you do not eat, you will die." How many tens of thousands of people are there lying at death's door in our hospitals at this hour being actually and literally murdered by physicians in this way?"

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As I consider it imperative to reply to the silly accusations and absurd statements regarding the medical profession, particularly those which appear in the lay press, I replied to Mr. Sinclair, and here is the answer, as it appeared in The Call of February 4th:

MR. UPTON SINCLAIR AND THE MEDICAL PROFESSION.

Editor of THE CALL:

Will shoemakers ever learn to stick to their lasts? I have just read Mr. Sinclair's letter in which he holds the medical profession responsible for the death of the lamented David Graham Phillips, and which the Times very rightly, perhaps out of kindness to Mr. Sinclair, refused to print. It is too bad the Call did not show Mr. Sinclair the same consideration. For the author of "The Jungle" has made himself egregiously ridiculous, and his friends will certainly be amazed and amused. Since when does the ability to write novels give one the right to discuss medical problems? Would Mr. Sinclair have the temerity to discuss with aplomb engineering or chemical problems? Would he, without having given the subject special study, dare to advise the Wright brothers how to build their aeroplanes, or Marconi how to improve his telegraph, or Mme. Curie how to extract radium? What gives him the right to advise physicians regarding a case which he did not observe personally and of all the details of which he cannot but be ignorant?

Is he aware of the fact that there are conditions of intense shock, where the pulse and respirations are practically imperceptible, where death seems imminent, and where only by energetic stimulation (and beef tea is given as a stimulant and not as a food), we can hope to avert immediate dissolution?

Mr. Sinclair's entire letter is a mass of absurdities, which go well to prove the truth of the statement that a little knowledge is a dangerous thing. And his whole indignant epistle could be torn into little shreds. But one or two examples will suffice. He asks how long it will be before medical men will "familiarize themselves with the first rule of the treatment of disease, that no minutest particle of food should be taken into the system by any human being while there is any trace of a diseased condition of any sort whatever or proceeding from any cause whatever."

I sincerely hope that the doctors will never familiarize themselves with this "rule of treatment," formulated by Mr. Sinclair. For half of our population would very quickly be resting in their graves. I wonder if Mr. Sinclair is really aware of the enormity of the absurdity, nay, criminality, of his advice. Let us see.

A person has tuberculosis or consumption. Consumption is certainly a diseased condition. Consumption may last three, five, ten, fifteen, twenty, or even more years. According to Mr.

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Sinclair, the patient should during the entire period of his disease take no minutest particle of food! Truly that would be a successful cure for consumption—because the disease would assume a galloping character and in a short time the patient would be among the angels. Malaria, gonorrhea, syphilis are certainly diseased conditions, and are apt to last rather long. Should the patients abstain from the "minutest particle" of food during the entire period? Beautiful! We would have more floating angels. And how about chronic heart disease and chronic kidney disease? Does Mr. Sinclair see the absurdity of his superemphatic statement? With regard to diseases like typhoid fever, I would inform Mr. Sinclair that the starvation treatment and the moderate feeding treatment were carefully tried, and as a result of comparative tests, those who have treated thousands of cases and are competent to judge, have pronounced decidedly in favor of feeding. The patients recover more quickly, have an easier convalescence and regain their normal condition more rapidly. The starved patients often never regain their original robustness.

And let me inform Mr. Sinclair that if he thinks that his starvation treatment is something new, original, he is very greatly mistaken. On the contrary, this was the regular treatment of the orthodox medical profession a century and two centuries ago—and with disastrous results. It was Dr. Graves who perceived the perniciousness of starving patients. He began to feed them, and his results were much better. And the epitaph on his tombstone reads, "He Fed Fevers."

As to Mr. Sinclair's statement that Mr. Phillips could at any time have lived for thirty or forty days without one particle of food, and that he has seen men not half so robust live for even longer periods, I will say—no, I will refrain from any comment. I will leave it to the readers of The Call. My retort might be considered unparliamentary even by the editor of The Call. I cannot refrain, however, from mentioning that I have discovered recently that quite a few of those who posed as fasters, very small eaters, vegetarians, etc., were simply liars. They ate very little in public, but whenever they had the opportunity they got away with very voluminous steaks. And before the public they posed as abstemious vegetarians.

Mr. Sinclair concludes his letter with the question:

"How many tens of thousands of people are there lying at death's door in our hospitals at this hour, being actually murdered by physicians in this way?"

I don't know. I believe there are none. But I do know that tens of thousands of ignorant and quasi-cultured people are undermining their health, minimizing their working capacity, and digging their graves through following the pernicious advice of incompetent laymen-who-would-be-doctors, who have no moral right whatever to give any advice on medical problems. And let

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us bear in mind, that while some of these would-be doctors are sincere but misguided, the majority of them are nothing but contemptible quacks who prey upon a gullible public.

This is not the place to defend the medical profession against the onslaughts of quacks, obscurantists, and the semi-educated. But one point I want to mention: A few years ago Panama was a pest hole. And many an American on going there had his will made out. Now the mortality rate in Panama is lower than in any city in the United States. It is the mortality rate of a summer resort. And we did it.

"PROF. EITNER'S DISCOVERY" AND NEWSPAPER MEDICINE.

Be it understood from the outset that in general we do not in the least object to "newspaper medicine". It is a good thing that newspapers discuss medical problems. And it is a pleasant duty to state that we do now have newspapers—the most notable being the *New York Times*—whose reports on medical discoveries and discussions of medical problems are as reliable, as correct scientifically, as sane and as temperate, as those found in the best of our medical journals. The handling of medical questions by such newspapers can result only in good. What we do object to is the mendacious sort of newspaper medicine, the sort that not only perverts and exaggerates, but does not hesitate to make new discoveries in the newspaper office out of whole cloth, the sort that reports imaginary interviews, in short the sort that lies deliberately, and generally prefers a lie to the truth as being more "interesting". It is that sort of newspaper medicine that we object to, for it is doing a great deal of damage to the physical and mental welfare of the people.

One day last week a patient who had made arrangements to receive an injection of "606", came in and asked us whether we would not better use on him Prof. Eitner's discovery. For from what he read in the newspapers he thought that "606" would now have to take a back seat, so much superior was the new discovery. To our patient's great amazement we had to confess our utter ignorance of Prof. Eitner's great discovery. We told him it was probably a fake, for if there were anything to it, we would have known about it, as we follow new developments in medicine pretty closely.

We dismissed the great discovery from our mind, but on the following day we began to receive inquiries from subscribers in and out of town. Some inquired whether we had a supply of the stuff and were ready to administer it. We did not know what it all meant—the newspapers *we* read contained nothing about it—until we received a letter from a subscriber in Washington, D. C., enclosing a clipping from the Washington *Post*.

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We reproduce it below in its entirety:

IS FOE TO EVERY GERM.

NEW TOXIC SUBSTANCE NAMED BY DEAN LAMBERT.

MADE FROM RECENT REMEDY.

Head of New York College of Physicians and Surgeons Asserts That Prof. Ehrlich's "606," After Being Heated, Will Drive Out Every Known Disease Bacillus From the Human Body.

(Special to The Washington Post.)

New York, Dec. 24.—"A new substance has just been brought into existence that will drive from the human body all germs of every known disease. This quality was discovered by accident by Prof. Eitner, in experimenting with the famous '606,' a specific which Prof. Ehrlich, of Frankfurt, presented early this year to medical science. In my opinion, it is the most wonderful Christmas present ever given to the people of the world."

Thus spoke Dr. Samuel W. Lambert, dean of the College of Physicians and Surgeons, noted physician and leader in his profession, today. He seemed most enthusiastic over the great find that he himself and others of the medical fraternity, only this week, have learned has been brought to light.

"The great discovery in medicine announced in 1910," declared Dr. Lambert, "was this '606.' From it came the new remedy just announced to the medical profession. Only a paragraph has appeared so far in regard of it.

CHANGE DUE TO HEAT.

"The Journal of the American Medical Association, in the issue of December 17, stated, after referring to disturbances in the body of the patient after the use of '606:'

"'Eitner never uses methyl alcohol, so that the disturbances cannot be explained in this way. He used for the injection a mixture of what was left in two tubes of the "606," the rest of the contents of the vials having been used in another case.

"'The tips of the tubes were fused again to protect the remaining contents, and he thinks that the heat applied in the fusing must have modified the drug within in some way to render it more toxic. Experiments on animals with the '606' after it had been heated seems to confirm this assumption of a toxic modification of the drug under the influence of heat."

MORE THAN A REVOLUTION.

"This is a new idea," continued Dr. Lambert. "It means so much that I fear it will sound exaggerated. You can readily understand what the driving of disease germs from the human body means. It is, as I have said, the greatest thing in the line of medical research that has been brought to usage, and overshadows the other wonder, '606'."

All members of the medical profession are most interested in the outcome of Prof. Eitner's accidental discovery. To say that it will mean revolution in surgery and medicine is to put the question in a mild form.

It is this kind of newspaper medicine that makes the intelligent part of the public disgusted with newspapers and makes us take with a grain of salt everything we see in the press.

There is not a word of truth in the report. There is not even a shred of foundation for it. All Eitner "discovered" was that if "606" is heated it becomes decomposed and more poisonous. Which is something that everybody could know a priori. "606" is a delicate chemical, and when you heat it, especially after air has been admitted, you are apt to break up the molecules, and

arsenic being no longer in the complex organic molecule, exerts its greater toxic action.

Tho we were absolutely certain that the statement attributed to Prof. Lambert could not have emanated from him, still we wrote to him on the subject, and we subjoin his reply:

130 East 35th St., New York.

My dear Doctor:—The "Journal" made out an absolutely unwarranted interview with me. In the course of a statement which I made concerning the new Presbyterian Hospital—Columbia alliance, I remarked upon the new discovery "606." The rest of the "Journal's" statement was made up out of whole cloth upon the idea which the reporter got by delving into medicine in the Journal of the American Medical Association and he then had the nerve to add my endorsement to the medical ideas which he had acquired.

Very truly yours,

SAMUEL W. LAMBERT.

And so the original report of the discovery originated in the "Journal" office. That explains matters.

SO-CALLED VIVISECTION AND ITS CRITICS.

Dr. ROBINSON,

Dear Sir:—If you consider it your duty to continue to advocate that "greatest of all crimes"—that of vivisection, kindly withdraw our names from the mailing list of what is otherwise a splendid little journal.

I consider the Rockefeller Institute for Medical Research and all medical schools in general the greatest menace to real progress that humanity has to deal with. Medical schools as they are now conducted are simply engaged in taking young men and after destroying their better natures, finer feelings and sensibilities, foist on the public a crowd of hoodlums—sharks and moral degenerates.

It is these same medical moral degenerates and fatalistic perverts who are responsible for the horrors of vivisection. They care little or nothing for the welfare of humanity but only desire to satisfy their cutting lust and gratify the abnormally developed and cruel tendencies of their nature.

The immortal Ingersoll whom you sometimes quote, spoke of vivisection as the science of hell. He likened vivisection to the coiled serpent at the bottom of the abyss — below which there was no depth.

Yours respectfully,

FRED E. BOSTWICK.

MAY WILLSON BOSTWICK.

(905 E. 56th St., Los Angeles, Cal.)

We present the above as a sample of some of the letters which we receive whenever we dare to say a word in favor of animal experimentation, miscalled vivisection.

What are you going to do about it? Simply to say that the opponents of animal experimentation are idiots and imbeciles and be done with the matter will not do. First, not all the opponents of vivisection are idiots and imbeciles. There are some very nice, very sensible, very lovable people among them. I know even people who are otherwise clear, rational and logical thinkers and who are opposed to vivisection. And, second, merely calling opprobrious names would not do our cause any good. Anyway in the matter of calling names we could never hope even to approach the anti-vivisectionists who are past

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masters in the art of vituperation (for instance, read the epithets in the above letter).

So, replying with names will not do. Our only hope in this, as in every other domain of thought and human activity, is education. We must have infinite patience. We must explain to the logical antivivisectionists (the illogical one, i.e. those who believe in hunting and are meat-eaters are not worth arguing with), and prove it to them, that the animal experimenters are high-minded scientists and kind-hearted men, who devote their lives to the advancement of science and the alleviation of human sickness, we must show them that the cruelty of which they speak so often and so much exists mostly in their minds, we must argue with them and make them see that the lives of men, women and little children are more important than the lives of frogs, guinea pigs, rabbits and even dogs, we must show them just exactly what animal experimentation has accomplished, how many thousands of lives are saved annually by the discoveries made thru it, we must show them that the animals themselves benefit by these experiments, for we learn how to treat and prevent sporadic diseases and epidemics among them, we must show them that we are on the eve of most revolutionary discoveries in medicine and biology and that progress in these sciences would come to a standstill with the total prohibition of animal experimentation.

We must show them all these things, we must argue with them patiently and then we may hope to convince those of the anti-vivisectionists who are still capable of thinking and willing to listen to reason. Of course if a man says, as I heard one say, that we have no *right* to kill a single rabbit even if thereby we can save the entire human race, then we can argue no further. We simply put him mentally in the class of harmless lunatics and let the matter rest there.

As to Ingersoll who has been "thrown" at me a number of times by the anti-vivisectionists. I have the highest admiration for Ingersoll's style and for the services he has rendered to the cause of free thought. He was great in discussing theology, but Ingersoll was not a many sided man. In politics he was as reactionary as any republican wardheeler could be. And he was certainly not a scientist. He had no idea of either the methods or the achievements of modern science. And as he had a big tender heart, which felt for all suffering creatures, he, not knowing what vivisection really was, what it had accomplished and what it promised, naturally condemned it. It is simply another example of a man going out of his sphere. As I have shown so many times, because a man is right in one line of thought, it does not necessarily follow that he must be right in everything, about which he presumes to express an opinion. There are only too many shoemakers who refuse to stick to their lasts.

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As to my correspondents, I know their hearts are in the right places. They are honest, they are sincere, they are kind-hearted. And what is more, they are logical, for they are strict vegetarians. But their minds must be broadened.

And, what is more, there are vegetarians — they may be surprised to learn — who absolutely condemn the killing of animals for sport or for eating purposes, but who thoroly justify experimenting with them for the purposes of abolishing disease and prolonging human life.

"FOR YOUNG MEN."

I have been requested by the Secretary of the Committee on Sex Hygiene of the Massachusetts Association of Boards of Health to edit and correct their Sex Hygiene Circulars. The most important one is No. 1, For Young Men, and I will confine myself to that. The circular is not at all bad—it is superior to a great many of the circulars issued for the purpose—and if it is agreed upon that it is best to use all means to discourage the young men of the country from any illicit intercourse and if it is further agreed that the end justifies the means, then the circular is all right, and there is hardly anything in it to correct. But if the scientific truth is the primary object, then the circular can stand a few corrections.

The paragraph that deserves the greatest criticism and is most in need of correction is the following: "The testicles are glands that, like the tear glands or the sweat glands, produce a fluid peculiarly their own. The sexual power is never lost thru abstinence from cohabitation, any more than is the ability to weep lost thru not weeping." The "analogy" is as absurd as it is disingenuous. One must certainly be extremely anxious to make out a case for abstinence, if he will compare a gland upon which depends the perpetuation of the race and which contributes so powerfully to the physical and mental health of the individual with a gland the complete extirpation or destruction of which would have no effect on either the race or the individual. To compare a function for the satisfaction of which men sacrifice their health, their lives, their reputations; for which blood was shed, wars declared and kingdoms thrown away; to compare such a resistless overpowering function with the insignificant function of tear-secreting or weeping, is with all due respect, a little far-fetched. Analogies are dangerous things, but if we are to compare the testicles with any other glands, we should compare them with the female breasts or mammary glands, for they are also sexual glands. And what happens to the mammary glands, if they are not given a chance to functionate until a late age? Are our continence preachers not aware of the fact that when old maids marry and bear children they often have not a drop of milk? The most persistent stimulation often proves unavailing. And why do the breasts of old maids become flat, flabby and atrophied? And isn't it after all true as a general

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thing that disuse of an organ causes its atrophy? And if to go by analogies, isn't it fair to assume that the same thing that happens to the disused breasts is apt to happen to the testicles?

As to the assertion that, "the sexual power is never lost thru abstinence from cohabitation," that is a mere assertion, and we consider it a distinctly untrue assertion. I am fully convinced that the sexual power—not the potentia generandi, but the potentia coeundi—is often lost thru long abstinence. I have seen many cases of impotence in which no other etiologic factor could be discovered, and which the patients themselves—some of them physicians—traced distinctly to their abstinence. Let us hope that this comparison of the testicles to the lacrimal glands, which has been copied from one pamphlet into another ad nauseam, will now be given a rest.

"Few men who take plenty of outdoor exercise, eat moderately, and keep their thoughts on sex matters open and clean, will need medical treatment for seminal emissions". This sounds nice and proper, but it isn't so. There are very very many men who live a most hygienic, nay an abstemious life, and who, if completely abstinent, are tortured with frequent erotic dreams and emissions.

"Every prostitute, public or private, acquires venereal disease sooner or later, hence all of them are diseased some of the time, and some of them practically all of the time." As a deterrent, this is all right. But strictly true it is not. There are now many prostitutes in many lands, who are so versed in prophylaxis, that they escape disease altogether. I would not object to the above statement, but for the fact that all exaggerated statements defeat themselves and injure the cause in the behalf of which they are uttered. A young man is taught that all prostitutes are always diseased. In spite of that he is persuaded by his friends to visit one of them. He escapes. He indulges a few more times and finds there is nothing the matter with him. He is then apt to think that all the teachings were false, and he throws all caution to the winds. No, let us not exaggerate. Let us always tell the truth—and we will accomplish better results. And the statement often met with that the average life of the prostitute, after she enters upon her career, is four to five years is also bosh. The majority of them live to a good old age, many of them save some money, give up their old life and become respectable church members.

"Even the most painstaking examination may fail to detect such a woman's lurking disease." We take issue with this statement. The *most painstaking* examination *will* discover any condition of gonorrhea, syphilis or chancroids which may be infective.

"The many antiseptic washes, lotions and injections upon which some men rely for protection from disease, are ineffective." But they are not. Thousands of men have been using them for

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years without ever a mishap. And the experience with venereal prophylactics in our army and navy seems to be just as favorable.

In the above criticism I have abstained from touching upon the essential point: is the advice to remain absolutely continent good advice or injurious advice?

But that is another story.

ARGYROL AND ITS MANUFACTURERS, AND SOME PREVARICATING.

That some of our so-called ethical manufacturers, even those whose advertisements are freely admitted into the pages of the Journal of the American Medical Association, are not above prevaricating, and not occasional, but persistent prevaricating, is well illustrated in the case of the argyrol manufacturers. In spite of the fact that it has been definitely, scientifically and incontrovertibly demonstrated that argyrol possesses no gonococcicide properties whatever, the manufacturers still continue to advertise it as the best antigonorrheal remedy in existence. Marshall and Neave, of the Therapeutic Committee appointed by the British Medical Association, have proved its worthlessness as a gonococcicide three years ago. But the manufacturers prefer not to refer to those scientific investigations, for they cannot accuse the British Medical Association of interested motives.

And here is a curious coincidence. In the J. A. M. A. for November 5th, the A. C. Barnes Company have an advertisement of Argyrol. In that ad. they state: "Moreover, scientific studies prove that Argyrol quickly destroys gonococci." In the *same issue* of the Journal there is an elaborate paper by Drs. Wilbur E. Post and Homer K. Nicoll, of Rush Medical College, entitled: "The Comparative Value of Some Common Germicides." Among the alleged germicides considered is also Argyrol. And the results obtained will certainly appear very peculiar to those who use their drugs without discrimination and critical analysis. We knew it long ago. According to those investigators, *not only in* 10 *per cent. but in* 50 *per cent. solutions did Argyrol fail to kill the gonococci, even after they have been immersed in the solution for a period of* 30 *minutes*! Yes, after immersing the bacterial test-solution for 30 minutes in a 50 per cent. solution of Argyrol there were still 2000 colonies of gonococci per loopful! As Argyrol is used in 5 to 25 per cent. strength and as the solution is generally kept in the urethra only 2 to 10 minutes, it can be readily seen that its effects as a germicidal are absolutely ***nil***. If it should be objected that the condition in the urethra is different from the condition in the test-tube, it is only necessary to reply, as the authors do, that "if the solutions are not effective against bacteria immersed directly into them, they are far less likely to be effective against bacteria in the presence of protective substances, such as blood, serum, mucus, etc."

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We wonder what the manufacturers will say to the scientific findings of Drs. Post and Nicoll? Will they disregard them or will they accuse them of interested motives? And will they still continue brazenly to assert that *scientific* studies *prove* that argyrol *quickly* destroys gonococci?

As to their assertions that argyrol is always sedative, that it never irritates, that it never causes strangury, etc., they are as false as their claims that argyrol kills the gonococci. We know personally of several cases where freshly made solutions, from the original sealed bottles of argyrol produced very severe irritation, with an increased and sometimes bloody discharge, painful urination, etc.

And as the argyrol manufacturers still continue to send out circulars accusing druggists of substitution, the following editorial from the December CRITIC AND GUIDE will bear repetition:

SLANDERING REPUTABLE PHARMACISTS.

"If you have a remedy which occasionally gives rise to untoward effects and irritation, and if you are afraid that on account of these untoward effects and irritation some physicians might discontinue its use, you have an easy way of getting around the difficulty. Send a circular to the physicians notifying them, that whenever they have unpleasant results with your preparation, it is due to the substitution by the druggist of an inferior product. These contemptible tactics have recently been adopted by the manufacturers of argyrol. As is well known to every experienced physician, argyrol, while generally non-irritating, does sometimes, (either on account of a hypersusceptibility in the patient, or on account of decomposition changes in the drug, which is a very unstable and uncertain chemical), cause very unpleasant symptoms; the irritation may amount to strangury, to hemorrhage, etc. And in order to "explain away" these disagreeable symptoms, and to get a little extra advertising, the argyrol manufacturers have been sending out circulars charging some highly respectable druggists with the crime of substitution. Now, unless the manufacturers can *prove* that substitution was practiced, it is most contemptible on their part to make the accusation. We fear that they are not in a position to prove their charges, for if they were, they could sue the druggists criminally and civilly. It is our strong impression that the argyrol manufacturers have been simply slandering the druggists, in order to explain away the unpleasant symptoms occasionally caused by their unstable product."

Messrs. Manufacturers, it is unfair to prevaricate, it is foolish to exaggerate. In the end those things act like a boomerang.

SALOL IN GASTRIC ULCER.

(A. Denarié: *Semaine Médicale,* Nov. 23, 1910).—The author has found salol to be a valuable remedy in cases of gastric ulcer. He gives the drug in daily doses of 0.5 gram (7½ grains) for thirty consecutive days. The dose is administered in a cachet in the morning with a glass of milk, the patient keeping in a recumbent position for half an hour. After cure has been effected, the drug should be given less frequently for a time. Suitable diet is, of course, observed.

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The Banquet Table

Some congenial physicians, tired of the deadening drudgery of a physician's life, decided to meet at more or less regular intervals, to dine together, to exchange impressions, in short, to have a jolly restful time. It was suggested that each of the members of this informal club prepare for each meeting a brief article—even of only a few lines—for the amusement of his fellow members. The article should preferably be a mild satire, or a comment, on some of the evils of our profession, or on the foibles of our leaders. Some members objected on the score that they could not write. They were told that an interesting or amusing clipping would do. It was decided to print the member's contributions in the CRITIC & GUIDE, and we are glad that our readers will be able to participate once a month in this feast of wit and good humor.

Paradise and The First Love.

BY CATULLE MENDÈS.

Once upon a time, as I lay dreaming, a form appeared to me. And as this form resembled a young girl dressed for a ball—her wings were imitations of puffed satin sleeves—I knew at once she was an angel.

"Beautiful angel", I said, "what have I done to merit this visit? The blue hours of the night are in my chamber; all about me are the ghosts of perfumed tresses and shadows of weary kisses, an odor of sin is mixed with the patchouli shaken from the troubled curtains.... Pray do not go to my writing desk where you may perchance see the picture of some dancing girl, clothed only in a souvenir of a frock and the regret of a bodice. Do not look at my books, you will find only sombre and bitter poems". The angel replied: "Spare me your warnings. When I, or those like me, enter the homes of the living, we know what we shall find".

"I have come", the angel went on, "to ask you to ascend to heaven forthwith, without waiting for the barren formalities of death and funeral".

"Let us start at once", I said, "for I always had a fervent desire to contemplate the august splendors of Paradise". Hardly had I spoken, when a cloud, rose-hued, balloon-shaped, descended thru the open ceiling; the basket, large enough for two, was made of woven sunbeams. When we were seated, the angel and I, the angel gave the word to invisible servitors: "Let go".

We shot into the sombre solitude of the night. "Beautiful angel", I said, "is Paradise in truth as magnificent as the Paradise of our dreams? Speak to me, my divine guide". The angel replied: "No word of human speech, which alone you can understand, can express the everlasting wonders of Heaven. Should you picture to yourself a garden, where the earth was as transparent as summer sunlight, where all the flowers were softer and whiter than lilies, where the air was made of vaporized pearls, your dream would be as far from the divine reality, as a black night of winter from April's noontide."

"Let us hasten", I cried, "let us hasten". But I perceived that the balloon—we had already passed the first stars—hung motionless in the immensity.

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"What has happened?" I cried.

"I see what is the matter", said the angel, "you are too heavy."

As I had not taken time to clothe myself for the voyage, I had not even the resource of throwing over my clothing.

"Besides", said the angel, "who read my thought, that would not serve. Cast away your ambitions, your dreams of wealth and glory, which weigh you toward the earth".

Ah, it was no easy task. What poet does not hold dear his dreams? But Paradise! Down, down into the darkness beneath I dropped them one by one, my dreams of fame and riches.

And the balloon, rose-hued, shot far beyond all stars. In a brightness which seemed made of fluid silver, great white ghosts passed silently—the blown wind from their wings stirred my hair. The delight of Heaven smote upon me; already I felt— The balloon hung motionless.

"You are still too heavy", said the angel.

"Have I not cast away ambition, dreams of opulence and glory?"

"But deep in your heart are the memories of earthly love— you have not forgotten the teasing laughter, the kisses of joyous, sinful women. These tender regrets weigh you down to earth."

What, you too, reminiscences of bright and subtle loves, souvenirs of diffident kisses and fragrant, dissheveled hair; memories of murmuring midnights and haggard dawns—I must lose you too? But Paradise!

Down, down they go, the recollections of rose lips and pallid throats.

The balloon rose, rose into a splendor that was not of light, but of Heaven.

The gates are diamond sheen. And the flame of all, more terrible than the naked lightning, is softer than white rose petals. And thru the gates ajar I see the diaphanous glades, where flowers are stars, and two by two the gentle angels walk in love, singing. Gentle ones! The ecstasy of seraphic marriage, the everlasting kiss of lips always pure, these also I shall know, even I. I shall enter the august city of eternal delight....

Near the threshold the balloon hung motionless. I was seized with bitter despair.

"Have I not cast all away?" I cried; "ambition, vanities, sinful luxuries".

"You are still too heavy," said the angel, "because there remains"—"What then?" I cried.

"In the deepest, hidden chamber of your heart, deeper than ambition, deeper than sin, there dwells the memory of a child.— She is not beautiful, scarcely pretty—who turns away her lips from yours; it is evening in the twilight of a rose garden, and you are a boy. This weight, as the others—cast it away, see the splendors of Paradise, see—"

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But I said, NO!

And I fell. I fell thru lights and clouds, stars and worlds, to the black earth so far from Paradise, so far! Stunned, broken, dying, it may be,—happy that I kept the memory of that pale child, so small, so shy, who refused her lips one evening when I was sixteen, and the rose leaves whispered to us in the garden....

The Value of Statistics.

Sometimes our readers will encounter in our columns more or less formidable arrays of statistics on various topics, just as in other journals, but they are seldom presented except for a certain relative value. We never insist on their absoluteness in respect of truth. Everybody is aware of the fallacies which enter into mechanical computations as a rule. Yet there is more wit than truth in the saying that statistics tell everything but the truth, which is also true of the definition of the three kind of lies: lies, damned lies, and statistics. No, there is, as said, a relative value in statistics and we shall continue to employ them to good purpose. The late Mr. Galton certainly employed them to great advantage in his scientific work bearing upon heredity and founded theoretical laws upon them which seem to answer very well to practical requirements. But we must be careful not to approach in our reverence for figures the Georgia preacher who, after recounting in his prayer all the wickednesses of his town, offered the following challenge:

"O Thou great Jehovah, crime is on the increase. It is becoming more prevalent daily. I can prove it to you by statistics."

Smoking and Sucking.

Is not the ready formation of the smoking habit partly due to the fact that man serves a sucking apprenticeship the very first year of his life, continuing the practice, many times, with a mechanical substitute, the thumb, comforter, or pacifier, not to mention the bottle, for two or three years longer? We do not have to reckon wholly with the physiological effects of nicotine in accounting for the habit.

But what about women, may be asked. Well, some of them smoke. Then their jaws are kept busy enough, heaven knows, outside of mealtimes, sucking candy "comforters."

And then some of them have the kissing habit. So have some of the men, for that matter.

All of which seems tantamount to accusing all hands of being suckers.

The Kaiser a Doctor of Medicine.

So the Kaiser adds to his numerous titular acquisitions the honorary degree of doctor of medicine, conferred by the University of Prague. As well informed in respect to matters of

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large medical interest as many an accomplished physician, we welcome heartily to the ranks of the profession Herrn Doctor Hohenzollern.

The Expert Trapped.

There was an amusing episode during the trial in Jersey of Gallagher, the assailant of Mayor Gaynor, which put a medical expert in a most ridiculous position. Cross-examined by Prosecutor Garven, Dr. John J. Reilly told about various mental stunts thru which Gallagher had been put by him. In order to test the prisoner's memory, the doctor said, he called off three numbers and then asked Gallagher to recite the alphabet, after which he directed him to repeat the numbers in their proper order.

For instance," said Mr. Garven, "you would call out 13—47—29, and later ask him to repeat the numbers as you said them."

"Yes," was the response.

"Now please repeat those numbers for me as I gave them," said the Prosecutor.

Dr. Reilly hesitated for a moment and replied "13—29—47," and the Judges and jurors joined in the laughter which rippled around the court room.

Neurasthenia From Talking too Much.

Dr. Enrico Serafino, an Italian physician, tells us that neurasthenia results from talking too much. Thinking, making up phrases, listening to and forming arguments with hearers, all these entail a mental effort which excites the whole nervous system. The final result is a nervous breakdown.

Perhaps the doctor is right, but the indicated treatment hardly bids fair to become popular—particularly with some women. We fancy there are many hopeless cases.

Putting Out the Fire With a Glass of Water.

"Mrs. Johnson," said the third-floor back, coming down into the hall. "Sir?" said the landlady. "Will you kindly give me a glass of water?" "Certainly, sir." The lodger retired with his glass. Two minutes later he appeared again. "Mrs. Johnson," he said, "will you kindly refill this glass?" "Certainly, sir." The lodger retired. A minute and a half passed, and he again descended to the hall. "Mrs. Johnson," he said, "might I ask you to refill this glass just once more? I'm afraid I'm giving you a great deal of trouble." "No trouble, sir, but I only hope you are not ill. You seem to be drinking a great deal of water." "It isn't that," said the lodger, as he turned to go upstairs, "the fact is, my bedroom is on fire."

We are dealing with the economic causes of disease in much the same fashion as the lodger dealt with the fire.

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A Unique Fake: It Is To Laugh.

Bret Harte once remarked that the Heathen Chinee was peculiar for ways that were dark and tricks that were vain. The latter day medical fakir has Harte's Chinaman whipped to a frazzle for the way that is dark and the trick that is vain.

It would consume too much space that the Journal needs for other things to tell half I know about these imposters, but the hookworm cure is worth mentioning. It is the latest stunt in quackdom. The victim is handed a lemon, literally. The lemon has been previously macerated, the victim is told to suck it; most victims, being natural-born suckers, do not object. After the lemon has been sucked the sucker is given a copious purgative, the shredded fibrous pulp sucked from the lemon is strained from the excreta and exhibited to the victim as the genuine uncinaria. Thus it remains for the tribe of quack to add the newest contribution to science, the *uncinaria lemonus pulpus*.

A victim of this swindle came to my office a short time since with some lemon pulp in a vial of alcohol which he had used to cleverly trap Mr. H. Worm, specialist. After having had the new variety of uncinaria and the cold cash extracted from him, the victim became suspicious and got a lemon of his own. He macerated it and after removing some fine shreds of pulp put them in the vial and went to the "Doc" and said: "See here, Doc, here's some er them things what yer didn't git when you give me that medicine, these come last night." The wise "Doc" examined the specimens carefully and exclaimed: "Yes, by gosh, there's their hooked bills, thems the things that's been sapping your life blood." Whereupon the victim said: "No, siree, it's your bill that's sapped my pocket book; them things are just out of the lemon and ain't never been in my vitals. Gimme my money." And he got it.

As ridiculous as this fake would seem, it is being extensively worked in Texas.

JAMES N. WILKERTON
General Counsel for the State Medical Association of Texas.

Syphilis Treated With Salvarsan.

M. Marshall, Ann Arbor, Mich. (*J. A. M. A.*, January 21), reports the treatment of six cases of syphilis with salvarsan. In one case the intravenous method was used and intragluteal injections in the others. In all cases there was decided pain after the injections and considerable general reaction, rise of temperature and headache, anorexia, general malaise and leukocytosis. With the intravenous injection there was very marked but transient general reaction and when the temperature was highest a temporary aggravation of the existing rash. Improvement was rapid in all cases. The patients are still under observation.

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The German Government Illness Insurance or Krankenkassen

BY WILLIAM L. HOLT, M. D.
Vice-President American Society of Medical Sociology.

The most interesting German institution to the American physician or sociologist is the highly evolved Imperial Insurance System. This great system has three main divisions: accident insurance, illness insurance, and insurance against invalidity and old age. In this paper I shall try to give a general description of the illness insurance system, which is managed by some 23,000 separate "Krankenkassen" or Sickness Funds of eight different kinds. These are, e.g. Workmen's Krankenkassen, Building Trades Krankenkassen, etc. The chief one in Freiburg, which I have been studying, is a General Local Sickness Fund, and the rest of this paper applies particularly to the Freiburg Fund, tho I am told the other Krankenkassen are very similar.

The imperial insurance law requires that every workingman and workingwoman, with few exceptions, whose daily wage is less than $1.60, or yearly income under $480, *must* obtain illness insurance, for which he pays monthly to the local fund about 2 2/3 % of his wages. His employer subtracts this sum, which is two thirds of the whole premium, from his wages and adds the other third from his own pocket. In return for these small sums, varying from 36 cents in Class IV. to $1.00 per month in Class I, the Krankenkasse provides not only free medical service with the choice of 33 physicians, but also free hospital care, free medicines, spectacles etc.; also illness stipends and death benefits.

To narrate these benefits in detail, the Freiburg General Illness Fund provides medical service, free medicines etc. not only for members themselves but for their wives and children under 14 years, when not otherwise insured. Secondly, to women who have belonged at least six months to any Krankenkasse, and give birth to a child, a stipend equal to the usual illness stipend is paid weekly for six weeks after delivery. This provision enables many working mothers to stay at home and nurse their children, and doubtless saves many infants' lives and prevents much uterine disease caused by too early return to hard work.

Then, in all cases of inability to work the following stipends are paid from the second day of illness, for every work-day, depending in amount on the insurance class to which the member belongs. This may best be expressed in the form of a table, viz:

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Class.	*Daily Wage.*	*Monthly Ins. Premium.*	*Weekly Stipend.*
I.	82c. or more	$1.00	$2.88
II.	72c. to 82c.	.87	2.52
III.	48c. to 72c.	.60	1.80
IV.	less than 48c.	.36	1.02

These stipends are paid weekly for as long as 26 weeks. Also in case of death from illness the relatives receive a death premium, varying from $20 in Class I. down to $7.20 in Class IV. If the wife of a member dies, he receives a death benefit of $7.20; if a child dies, one of $3.60.

Such an extensive insurance system at so small cost would be impossible in America, and is only made possible in Germany by paying extremely low prices for all services. But its tremendous importance both to the German people and the German physicians is evident from the facts that the 23,000 Krankenkassen have some twenty million members, and that all the divisions of the imperial insurance system together pay the German working-class over $400,000 per day or 150 million dollars a year.

I see that I have still to mention three important benefits extended by the Kasse: 1) free dentistry from 16 dentists, including surgical and mechanical dentistry; 2) free obstetrical service by the "Kassenärzte", as the doctors employed by the Kasse are called, or in operative cases by the professors of obstetrics in the hospital; 3) all kinds of treatment by specialists free in University Clinics, major operations in the hospitals, and finally opportunity to recover health and strength in a beautiful convalescent home in the Black Forest.

Is it any wonder that Bismarck introduced this paternal, socialistic insurance in 1884 for the special purpose of satisfying the discontented workingmen and so taking the wind out of the sails of the rising young Social Democracy? But, like all such would-be-clever attempts made in all countries to suppress this irresistible world movement, it only helped it, for Bismarck's Krankenkassen have become a powerful instrument in the hands of the Socialists. Here, for example, Ernst Kräuter, chairman of the local Kasse, is the district socialist leader and a representative of Freiburg in the State Legislature. The director is also a socialist, and I am told that nearly all the officers of the Krankenkassen in the Empire are socialists. Indeed, it could not be otherwise, for the vast majority of the city workers everywhere, who form the membership, belong to the great "Sozialdemokratie", and cast two thirds of the votes in elections of officers, while their employers cast but one third. There is a lively debate going on at present in the Reichstag over a new Workingmen's Insurance bill which proposes to take the control of the Krankenkassen out of the socialists' hands by providing that the employers shall pay *half* the monthly dues and so cast the same number of votes as the members. It also proposes to

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raise the maximum limit of yearly income for illness insurance to $600.

The General Local Sickness Fund of Freiburg had in the year 1909 an average membership of 14,577, including about 4000 women. The Imperial Insurance Laws, which fill a large volume, describe minutely just what classes of workingmen and women *must* be insured in this way. Suffice it to say that they include practically all wage-earners except the few who belong to other insurance funds or get over $1.60 a day or $480 a year. Since the usual daily wage in Germany is from 75c. to $1.20, and yearly salary $300 to $400, it is evident that the wage limit includes the vast majority of the workers. Indeed out of about 16,000 families in Freiburg probably 12,000 are insured in this Krankenkasse.

Thirty three physicians work for the Illness Fund here according to the following contract made between the Fund and the Freiburg Medical Society:

1. All lodge physicians shall be chosen from a list of members of the Medical Society who are eligible for the position. (Only general practitioners are eligible, for all specialists' work is done in the clinics.)

2. The rights and duties of these physicians are fixed in the "Guide to Lodge Practice", to the regulations of which each doctor must subscribe. The Medical Society itself becomes responsible that the requirements of this "Guide" and of the whole contract be observed by its members.

3. Choice among the Kassenärzte (lodge doctors) is free to members. But a member may not change doctors during an illness without consent of the Krankenkasse president; and different doctors may not be called for different members of a family at the same time.

4. Medical services shall be paid by the Kasse at the following rates:

Office call 15c; first visit in city limits 32c; subsequent visits 24c; night visit in city 96c; visit in suburbs 48c to 96c in daytime; $1.20 and up at night. For minor surgery, e.g. bandaging wounds, passing a catheter, opening an abscess, etc. 24c to 48c additional; for setting and dressing fractures and reducing dislocations and strangulated herniae $1.20; *for larger surgical operations* $2.40 *to* $3.60. (Imagine an American surgeon doing a laparotomy for $3! But this absurd fee simply means that the Kassenärzt always sends important surgical cases to the hospital.) For simple childbirth $1.20; *for difficult obstetrical operations (high forceps, turning, etc.)* $2.40 to $3.60; for assisting at an operation or giving anesthesia $1.20; and for consultation with another physician, *for which the consent of the Kasse president is required,* the consultant alone is paid the same noble sum, $1.20.

5. The Medical Society agrees that the Kasse shall not pay for medical service more than $1.32 per member in any one year; and if the doctors' bills exceed this sum (as they always do),

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the excess shall be subtracted from the bills for the last quarter. The physicians shall record every service and present their bills at the end of each quarter, viz. in January, April, July and October. The Kasse will pay them, *"as far as the account is found correct in the course of the following quarter"* (!) The Kasse deducts 5%, however, from the doctor's bill if he does not present it promptly, or deducts 10% after three months' delay, or 20% after six months.

So much for the contract between the German socialists in the rôle of employer and the Kassenärzte, their employées. They seem to show the same selfish desire to exploit their fellowmen which their own employers show them. Indeed one Kassenarzt said to me with much feeling: "Why, they treat us just as tho we were their employées". The Kasse says to its doctors: "We refuse to pay you more than $1.32 per year and member, no matter how much work we may require you to do. If you don't want to work for that, go somewhere else. We can always get enough doctors to work for us at that rate. Why don't you see to it that you don't give our members too much service?" There is, indeed, a commission, whose purpose is to prevent members from getting an unfair amount of medical service; also a confidential physician, to whom members suspected of malingering are referred. The doctors seek also to protect themselves by requiring both office calls and demands for visits to be made in short office hours, e.g. 8-9 A.M. and 2-3 P.M.

But the doctors protest in vain against the refusal of the Kasse to pay their bills in full, which caused them a loss last year of $3100, amounting to 13.8% of their bills for the year. Is it any wonder that the exploited Kassenärzte in some cities have "struck", or that they and their free colleagues have formed a strong economic union? It is called the "Union of German Physicians for Protection of their Economic Interests"; contains 25,000 members out of a total of less than 50,000 German doctors, and has already helped Kassenärzte in some cities to win their strikes and raise their income. I will speak more at length of this interesting society as well as of the relations between the Kassenärzte and private physicians and the Kassen and of the effect of the institution on the health of the people in a later report.

But, in order to give the American reader a fair criterion for estimating the fees listed above, I must tell you the fees commonly paid here in private practice. The Freiburg physician does not get two to five *dollars* for a visit, as his American colleague does (in California at least), but three to five *"marks"*, and a "mark" is only 24 cents. For a private office call without special treatment he gets only half a dollar; for a night visit $2.40 to $4.80. The Kassen fee, then, not considering births, for which the private fee is usually $2.40 to $6.00, or major operations, which the Kassenarzt doesn't do, is about a third of

the average private fee, which is, after all, a much higher percentage than the American lodge doctor gets.

The Kassenärzte here earned (better received) last year about $20.000 together, or $583 on an average. Some earn only $100, others as high as $3,000. In Berlin a few Kassenärzte, by treating dozens of patients daily, giving some two minutes to each, succeed in amassing the handsome sum (for Germany) of $3,750. Of course the Kassenärzte have usually considerable private practice in addition.

The Freiburg Krankenkasse treats the druggists much better than the doctors. It has a contract with all of them, by which they agree to furnish the official drugs at 20% discount; and it pays the druggists' bills in full. The doctors must not prescribe costly patent drugs or foods, for which the Kasse refuses to pay.

I will close this first report on the Krankenkasse with a brief account of interviews with three Kassenärzte. Dr. Deuchler, a young man, was an "insurgent", complaining with much spirit of the low fees, of the large yearly deficit subtracted from the doctors' bills, and also of the system which made the doctors compete unworthily for the favor of an appointment. He spoke highly of the National Physicians' Union, and said it was trying to introduce a new system, in which every physician who wished could become a Kassenarzt. He declared the Kassenärzte here would strike for better pay and this new system, if they did not think that the Kasse could get enough doctors outside to break the strike.

Dr. Schweiss, an older man, assured me there was no ill-feeling against the Kassenärzte in the profession. Indeed they form about 40% of all the physicians in Berlin as well as here. The free treatment, which all working people get at University Clinics here and in all University towns, greatly lessens the demands on the Kassenärzte. Dr. Schweiss said also that many members came for petty ailments, for which private patients would not consult a doctor; the Krankenkasse was of course a great providence for the people, but tended to enervate them.

Dr. Weiland was a fatherly old man, who received me most kindly and expressed his feelings as follows: "I may take a very different position towards the Krankenkasse from my colleagues. But I think we should be content with the present system. To be sure, the fees are low, but I doubt if either employer or employée could well pay more, and if there were no Krankenkasse, we Kassenärzte would get less than now and the poor would suffer. Before 1884 we had to treat all the working people just the same, and half of them couldn't pay at all. The free choice system is the ideal one, but young physicians under this system have done so much *unnecessary* service that the bills ruined the Krankenkasse".

(Freiburg in Baden, Germany.)

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Taking Care of Old Age.

BY I. L. NASCHER, M.D., NEW YORK.

I am greatly interested in diseases of old age; in the medical and general care of the aged. I have tried to bring this subject to the attention of the public press without success. Notwithstanding the vast differences, anatomical and physiological, between the senile organism and the organism in maturity, and the pathological and clinical differences in the same diseases in the two periods of life, the study of senility and senile diseases is entirely neglected in our medical schools and hospitals. (I expect to deliver the first lecture ever delivered in this country, on Geriatrics, the branch of medicine dealing with senility and its diseases, before Bennett Medical College, Chicago, during the coming winter.) In our city, the most philanthropic city in the world, with over 50 homes for the aged, there is not one unsectarian home to which the aged American without means can go except the poor-house, unless he happens to belong to one of the five or six favored vocations for whom homes are provided. There are a few homes maintained by fraternal orders, Masonic, Odd Fellows, Foresters and Bnai Brith, restricted to their members who have in most cases contributed toward the support of the homes for fifteen or twenty years or more and hence have a proprietary right in them. There are also free homes for soldiers, sailors, volunteer firemen, ship-builders and actors. The soldiers and the firemen's homes are in the nature of prospective benefits for hazardous service for the state or community, the homes for sailors and ship-builders are the products of individual bequests, one by a retired sailor and the other by a retired ship-builder, for the aged of their own vocations. The dramatic profession alone is looking after its own, its free home for actors in West Brighton holding 34 inmates. There are six homes for foreign nationalities holding about 300 inmates of whom 225 are in two German homes. Of the six unsectarian homes for women, four charge from 125 to 500 dollars admission while the two free homes have a total capacity of less than 50 and the city contributes over half of the expenses of the larger of these two. There are 7 sectarian homes for women of which three with a capacity of 50 are free to the communicants of the churches which maintain them while four with a capacity of about 400 charge either board or admission free. This is a beautiful tribute to our non-mercenary charities. The Catholics and the Jews are the only sects which have made adequate provision for their aged, who are without means. The former look after 1200, the latter look after 500 inmates in their homes. The P. E. make a pitiable showing of 215 in six free homes and some of these must pay board or admission fee. Omitting the fraternal, colored, soldiers' and sailors' homes, there are about 3500 inmates in all the private homes and half of these are in the free Catholic and Jewish homes. The city homes for the

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aged hold nearly 8000. A more significant comparison can be made with the 55 homes for orphans and destitute children with 17000 inmates, beside the scores of temporary homes, nurseries, kindergartens, a host of societies looking after the general welfare of children, 6 hospitals for children and 6 for women and children, children's wards in almost every general hospital, yet not a bed set aside in any hospital for the treatment of diseases of the aged, not a society looking after the general welfare of the aged nor a journal devoted to their interest. Little wonder that the aged who have not succeeded in providing for their declining years feel that they are a burden to humanity; that suicide among them, in proportion to their numbers, is three times as prevalent as in earlier life. Many explanations have been given for this general neglect of the aged. It is probable that the economic worthlessness of the decrepit old man and his idiosyncrasies rob him of utilitarian and sentimental interest and these interests, utility and sentiment, are the main motive factors in the life of the American. There is a prospective economic value in the child; there is none in the old man, and therein lies our greater interest in the child.

Comparing our neglect of the aged with the care taken of them in other countries it would appear that we lack the sentimental regard for the aged that is shown in China, for example; we lack the spirit of gratitude that impels Germany to provide aged workmen's pensions, and old age pensions in other countries; we lack the scientific spirit shown in France where there are numerous investigators into the senile state. The American physician betrays, in his neglect of the aged, a lack of that sympathy which seeks to relieve distress irrespective of the economic value of the individual or the material returns.

631 E. 168th St.

Foreign Material in the Stomach.

Report of a Remarkable Case.

A. H. VANDIVERT, M.D., AND H. P. MILLS, M.D.
ST. JOSEPH, MO.

It is not very unusual that hysterical and insane patients swallow hard and indigestible articles, and occasionally this foreign material is found in the stomach at operation or autopsy. Buttons, coins, needles, pins, hairpins, nails, false teeth, and even knives and forks have occasionally been swallowed; and at times may give rise to serious trouble by causing perforation or occlusion of the gastro-intestinal tract. It is also quite a common practice in cases of dementia for patients to pick up and swallow pieces of lint, string or hair, or even to swallow their own hair after biting or pulling it off. Bell of Montreal reported a case in which the hair-ball removed from the stomach formed a complete cast of the stomach and duodenum. We report this case because of the large number and variety of articles present and their great combined weight, with resulting distention and

displacement of the stomach. The patient was an inmate of State Hospital No. 2 on the service of Dr. A. H. Vandivert. Both of us were present and conducted the necropsy.

History.—Sallie R., a mulatto, aged 33, was admitted July 24, 1903, with acute mania which terminated in dementia, following the use of cocain and morphin. At the time of admission, she was somewhat emaciated, indifferent to appearance, eating and sleeping well. Her physical condition improved soon and the clinical notes made by attendants from that time until her death were always, "appetite and digestion good." She was at first often combative, and because of this tendency was frequently under restraint. During all the time of her confinement she showed a considerable degree of mental enfeeblement, losing all interest in surroundings. Most of the time she was wholly unemployed. She remained in this condition, gradually becoming quiet, less resistive and more interested in things about her, assisting on the ward by sweeping, dusting and such light duties. She was frequently seen by the attendants to pick up from the floor and lawn small articles such as nails, pins, etc., but it was not known that she was in the habit of swallowing them. Her health began to fail and her symptoms first attracted attention about Dec. 1, 1909. Examination at that time suggested kidney trouble, but analysis of the urine failed to confirm a diagnosis of interstitial nephritis, but further observation and subsequent examination did confirm the opinion that she had a nephritis. The extremities became edematous and she was much troubled with dyspnea; still digestion and assimilation continued good, with little loss of flesh or none at all. These conditions continued up to within fourteen days of her death. She never refused food until a week before her death, and then only on two or three occasions. Digestion was apparently normal. In fact, the remarkable stomach findings at autopsy were entirely unsuspected.

Necropsy.—Death occurred Sept. 4, 1910, with autopsy twenty-four hours later. Rigor mortis was complete; the body was well nourished; edema extended to the hips. Opening of the abdomen revealed a peculiar condition of the stomach. There was a slight degree of ptosis of the upper margin; the greater curvature was elongated and rested in the left iliac fossa and presented a nodular, hardened mass which was soon found to be due to a collection of foreign bodies to be described later. The stomach wall was adherent to the muscles of the iliac fossa. Around the stomach and the anterior abdominal wall over a considerable area, forming a sling supporting it and adherent to it so intimately as to be separated with some difficulty, was the greater omentum. Many points of nails, needles and other sharp objects had penetrated the stomach walls, but leakage into the peritoneal cavity was prevented by the thickened and adherent omentum. Throughout this area of adhesion were found numerous small abscesses, resulting from the many perforations, but

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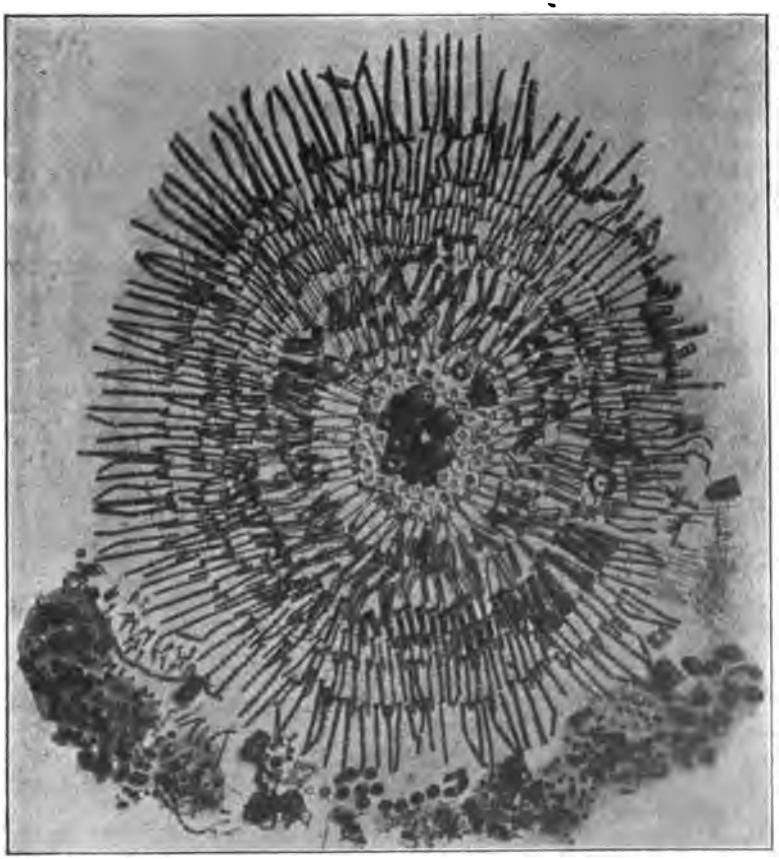
all were firmly walled in and the general peritoneum well protected from infection.

The stomach measured in transverse diameter 1 cm., in length 33 cm. The greatest diameter was from the cardiac orifice to the lower portion of the sacculated fundus along the greater curvature. This portion extended to beneath the crest of the ileum and was fixed immovably to the anterior abdominal wall. The mass of foreign material lay in this sacculated portion, leav-



ing only a narrow channel along the lesser curvature for the passage of food. Evidently the stomach took little part in the process of digestion, the food being conveyed directly to the pylorus, and very slightly intermingled with the foreign contents.

The stomach wall at the fundus was 14 to 16 mm. in thickness, the subserous layer being 5 to 6 mm. or about one-third of the wall's thickness. A section removed from the thicker portion for microscopic examination showed a marked atrophy of the mucous membrane. The mucous gland tubules presented

frequent cystic enlargements, probably from occlusion of orifice. Over numerous small areas there was almost complete erosion of the epithelium, with subjacent round-cell infiltration, indicating the formation of ulcers. Much fibrous tissue could be seen external to and infiltrating between the fibers of the muscularis mucosa. The muscular coat was about normal except that the layers were more than usually well defined by interposed bands of connective tissue. The greatest change was noted in the subserous coat. Here was a thick layer of a dense, fibrous structure, extending over the greater part of the fundus, representing Nature's effort to assist in supporting the great weight imposed on the stomach walls and to protect the peritoneum from injury.

Foreign Bodies.—The weight of the stomach contents removed at autopsy, after repeated washings to remove all food material, was 2,268 gm. One needle was found in the esophagus and one in the lower border of the left lung. Below is a classified list of the articles removed:

NAILS		
20-penny	5	
16-penny	21	
10-penny	24	
8-penny	80	
5-penny	113	
3-penny	210	
Total	453	453
SCREWS		
2 1/2 in.	4	
1 1/2 in.	11	
1 1/4 in.	5	
1 in.	9	
3/4 in.	6	
1/2 in.	7	
Total	42	42
BOLTS		
3/8 x 1 in.	3	
3/8 x 1 3/4 in.	1	
5/16 x 2 1/2 in.	1	
1/4 x 2 in.	1	
5/16 x 2 in.	3	
Total	9	9
MISCELLANEOUS		
Teaspoon handles	5	
Nail-file, 3 1/2 in.	1	
Pieces of steel, 2 3/4 in.	3	
Thimbles	5	
Salt-shaker tops	3	
Taps for 3/8 in. bolts	10	
Buttons	63	
Safety-pins	105	
Hairpins	115	
Carpet-tacks	52	
Common pins	136	
Large white-headed pins, 21/3-1/2	16	
Needles	37	

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Broken coat-rack hooks, 2 x 1/4 in.	7	
String beads, small, 4 ft. long	1	
Larger beads, loose	70	
Small stones and pieces of glass	85	
Prune seeds	7	
Pieces of metal, combined weight 3 oz.	54	
Hooks and eyes	19	
Grape and other small seeds	148	
Total	942	942
Making a combined total of		1,446

This case is remarkable for the number and weight of the articles removed as well as for the size and peculiar forms of some of them, especially so when considered in connection with the fact that there had never been any symptoms suggesting trouble with the stomach.—J. A. M. A.

THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

The Medical Treatment of Locomotor Ataxia.

In the treatment of tabes the patient is practically always entitled to a trial of specific treatment. It does do good in some of the cases. Inunction is the most preferable method of introducing the mercury, half a drachm of the 33 per cent. ointment (unguentum hydrargyri dilutum) being rubbed in daily until the gums become slightly tender, salivation being carefully avoided. As in the regular treatment of syphilis a different part should be selected every day, so as not to cause soreness. A warm local bath before each inunction, together with alcohol washing, will facilitate absorption. A half hour should be devoted to the rubbing in process. Next to the inunctions in value comes the protoiodid, the dose of which should be 1/6 to 1/3 grain three times daily. Begin on the smaller dose and increase gradually until slight diarrhea is produced, when it should be lowered a little. If the bichloride is used the dose is from 1/40 to 1/30 grain three times daily. At the same time that the mercury is being given potassium iodide should be pushed for a month, the dose finally approaching 100 grains three times daily. After this the iodide should be dropped to about thirty grains t.i.d. If water is freely taken during its exhibition, to facilitate its elimination, and if the bowels are properly looked after, it may be pushed as above. Of course if it be found that the specific treatment is aggravating the tabetic symptoms, which not infrequently happens, it must be dropped. If on the other hand its application be crowned with success repeat the mercurial course

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every four months, each course to last four weeks. Mercury must never be used in the cases marked by atrophy of the optic nerve, for it favors such atrophy.

Arsenous acid, in 1/40 grain doses after meals, is perhaps the next best line of treatment. Some therapeutists still use the glycerophosphates with reported success. Charcot's treatment consists of giving half a drachm of the fluid extract of ergot or 1/3 to 1 grain of ergotin three times daily, four days out of every week. Its value is open to considerable doubt. Strychnine is seldom employed, tho it is said to benefit the incontinence of urine. The employment of belladonna has practically ceased. Nitrate of silver has its advocates, but they are growing fewer and fewer and the discoloration of the gums and skin which is so apt to attend its use makes its employment unpopular, naturally enough.

The use of arsenic and corrosive sublimate has a scientific justification, the former retarding the disintegration of the nerve elements in the sclerosing areas in the cord, the corrosive sublimate retarding the production of connective tissue inflammations.

The pain may be relieved by antipyrin, phenacetin, or acetanilid. Twenty grain doses of the sodium salicylate is not infrequently effective. Opium, codeine, or morphine may finally have to be resorted to, indeed, the last named may have to be given hypodermically. In the last stages of this painful and chronic disease its use is justifiable. The coal tar products may prove effective in the gastric crises of the disease, but a hypodermic, repeated as required, is certain to relieve. Warm baths will sometimes relieve the subjective sense of stiffness, and jerkiness of the limbs coming on toward night is relieved by sodium bromide and Hoffman's anodyne. Localized pains may be helped by cupping the spine. The bowels require careful watching, especially if opium is being used. Late in the disease we may have to contend with bed-sores, cystitis and foot ulcers. Strychnine hypodermically and large doses of the potassium iodide may retard optic atrophy.

The Treatment of Morphinism.

Gradual withdrawal while keeping the patient completely at rest is the best method of treating morphinism. The rest treatment should cover a period of three months, after which partial rest is required. The withdrawal can not usually be kept up uninterruptedly, and it is usually necessary to go back from time to time to a larger dose than the one which has been reached in the course of the reduction. This becomes imperative when the patient exhibits certain symptoms which no other drug than morphin can relieve, and which are at times rather alarming. Such symptoms are tremor, insomnia, pseudo-asthma, great restlessness and insomnia, palpitations and flutterings of the heart, involuntary muscular action, and oppression in the chest. We expect these symptoms to appear, of course, but their degree

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must not be too great, for then we may expect to see follow great constitutional depression, diarrhea, vomiting, marked mental confusion and delirium. If the less severe symptoms which we have mentioned do not appear during withdrawal the patient is "fooling" us. Of course the treatment of these patients ought not to be undertaken unless the closest supervision can be maintained by competent and trustworthy attendants.

Strychnine and atropine will, as a rule, have to be used during withdrawal, and in very large doses. These patients can stand far larger doses of these drugs than could be tolerated under other circumstances. Strophanthus, or cactin, may be required. Later, tonics, arsenic and iron, and other measures to improve the general health, will be indicated. Caffeine is a good drug to combat the depression. It may be given as coffee. It is better to use the hot bath for insomnia than the powerful hypnotics, or in fact any of the hypnotics. It is the easiest thing in the world to set up other habits in place of the morphinism, if not in addition to it. It is not far from ridiculous to attempt to treat these patients by suggestion.

The Treatment of Cocainism.

Cocaine can be more rapidly withdrawn than morphine. Just as with morphine there are certain symptoms which occur during withdrawal, and their absence should arouse suspicion that the patient is taking his regular doses surreptitiously. All these drug fiends are the most plausible liars in the world and will plan and carry out successfully the most ingenious schemes for procuring their "dope". The symptoms marking withdrawal are insomnia, a cold and clammy skin, delirium, or simply mental confusion, general nervousness, excessive fatigue, rapid pulse, palpitation, chest oppression, delusions of persecution, insane jealousy, dilatation of the pupils, a pale and haggard appearance, loss of memory, hallucinations, greatly exaggerated reflexes, a curious suggestion of senility about the appearance, tremor, faintness, great mental irritability and very marked muscular twitchings. One of the hallucinations is most characteristic. The patient feels as tho little bugs were crawling under his skin, or on the skin. Sometimes they make the most strenuous efforts to rid themselves of the supposed vermin. The degree in which these symptoms show themselves will determine the rapidity of withdrawal and the necessity of going back from time to time to somewhat larger doses than that which has been reached. Coffee is very useful to combat the depression and antipyrin, in combination with the bromids, meets many of the other indications very well. The insomnia is, as a rule, very easily relieved, many of the patients sleeping a great deal simply because of the withdrawal of the drug. Trional and sulphonal may be employed. The hot bath has much utility, as in morphinism. Where alcoholism and morphinism are associated with the cocainism withdraw the cocain promptly, the alcohol rather rapidly, the morphin

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gradually. Rest and proper attendance for a period of three months are called for as in morphinism. The cocain fiend is far more tricky and untrustnorthy than the morphin user, and he must be rigidly isolated if he is to be cured. Tonics and other therapeutic measures having relation to the general health are to be used in the later stages of the treatment, as in morphinism. These patients present a neurasthenic complex which is far more marked than in the morphinomaniacs. Especially to be dealt with is the marked loss of weight which the victims of cocain always show.

The Treatment of Chloralism.

The withdrawal of chloral is attended by great dangers, referable to the heart. Withdrawal must be carried out very slowly. These patients have a special liability to acquire the alcohol habit, should that drug be used to combat the withdrawal symptoms. Strychnin, atropin and digitalis are useful. Isolation, rest and massage are requisite. The symptoms of withdrawal are dyspnea, weakness, nervousness, palpitation, vertigo, insomnia, of course, tremor, loss of memory and will power, and mental weakness, sometimes amounting to melancholia. The substitution of some other narcotic, such as trional, sulphonal, or morphin, must, if possible, be avoided.

Prevention of Venereal Disease in the Army.

Major William H. Wilson, Medical Corps, U. S. Army, reports (The Military Surgeon, Feb. 1911) on the prophylaxis of venereal disease at Camp Stotsenberg, Pampagna, Philippine Islands, instituted in accordance with the letter sent out from the Surgeon General's office some time ago. The total number of cases treated is as follows: January 86; February 55; March 77; April 107; May 92; June 55; July 38; August 30; September 22. The treatment was begun in March, and in April the commanding officer issued an order requiring every man exposed to take the treatment or if he developed the disease later he was tried by summary court-martial and punished. The low number of cases in February is due to the fact that that month the troops were out on field maneuvers a greater part of the month, and apparent increase in April is due to the fact that all cases were taken into the hospital from the quarantine list. The large number of cases at this post may be accounted for by its close proximity to two barrios, one particularly made up of people of the lower class of society and containing many prostitutes, some of whom are run out of Manila by the inspection there and find a profitable field near this large military post. A soldier who has been exposed by sexual intercourse comes to the hospital as soon as possible thereafter and is given the preventive treatment. This method has proven effective here, Maj. Wilson believes, and will stop fully 90% of the cases. Most of those that did contract it after

taking the treatment were men who did not report promptly, some not until after taking a two hours' horseback drill, which has a tendency to work any virus into crevices in the mucous membrane and so escape the germicidal effect of the treatment. He says that using the preventive treatment at the hospital has the following advantages over giving the man the medicine himself: first, he gets it under the supervision of a man who understands the method, second, he is sober and gets the treatment fully and properly, third, many men would not be sufficiently sober to use it and would throw it away, fourth, it is far more economical as no waste should occur under proper management, fifth, a full and clear record is kept of each case so that accurate results of statistics can be obtained. It has the one disadvantage, that more time elapses between the time of exposure and the hour of receiving treatment, of course, provided that he uses the K packet himself promptly and in a proper manner. An objection may be made to punishing men for not reporting for the prescribed treatment that they will not come on sick report if disease develops, but this is easily obviated by the regular inspections semi-monthly, or weekly as is thought necessary, and is carried out in this division. In this way cases cannot escape.

Resorcin for Chronic Conjunctivitis.

Resorcin has been employed in ocular therapeutics for a long time in the form of an ointment in cases of ciliary blepharitis, but it has been found too irritating in this form for application to the conjunctiva. According to Dr. Knapp, of Bâle, it can be used with advantage as an aqueous solution of 2 to 3 per cent. strength and instilled into the eye two or three times a day in cases of chronic conjunctivitis. The burning sensation produced passes off quickly, and the solution is efficacious when no further benefit is obtained by the application of zinc sulphate. Aqueous solutions of resorcin turn brown rather rapidly on exposure to air, especially in an alkaline medium; consequently the author advises that the resorcin be dissolved in a solution of boric acid instead of in pure water.—*The Hospital.*

Caustic Treatment of Epithelioma.

Mild, superficial types of epithelioma may sometimes be permanently eradicated by the use of caustic pastes. The removal of the diseased tissues must be complete, else recurrence may be expected. These rodent ulcers can never be trusted to remain non-malignant and every effort should be made to get rid of them, no matter how long they may have been present in an indolent and apparently benign condition. Curetting, followed by the application of a strong solution of zinc chloride or potassium hydroxide, the application being only momentary, is a good way to deal with them. Vinegar or dilute acetic acid should be used to neutralize the hydroxide. Pyrogallic acid may be employed as follows:

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℞ Acidi pyrogallici..... 8.0
Emplast. resinæ..... 6.0
Cerat. resinæ..... 18.0
M.

Spread the above paste on suitable material and apply daily. Wash with warm water after each changing and rub off the slough gently with cotton or gauze. Ten days are usually required to remove the growth. It may become necessary during this treatment to resort to poultices to loosen and remove the slough.

Arsenic paste is made by mixing arsenous acid with two parts of powdered acacia and a little water. Apply it thickly to the growth and cover it over. This treatment is rather painful and inflammatory reaction takes place in a few hours. Leave the paste on for twenty-four hours and then poultice until the slough comes away. A second application is sometimes necessary. Simple antiseptic dressings constitute the after treatment. A one per cent. phenol ointment may be used.

LEUKOPLAKIA ORIS.—In treating this disease we do not have to assume that it is necessarily syphilitic. Mercury and the iodids should be given, as follows: the iodid in saturated solution, twenty drops t.i.d., the mercury intramuscularly in the form of the succinimid (probably the least irritating of the mercurial injections), the dose being one-quarter of a grain every third day. Locally, the best results are obtained by the use of the tincture of iodin, painted on the patches.

For the pain in the abdomen coming on a couple of hours after eating, due to hyperacidity:

℞ Tr. belladonnæ folior..... 5.0 c.c.
Olei amygdalæ dulcis..... 30.0 "
Vitelli ovi unius
Aquæ destill.....q. s. ad 200.0 "
M. f. emulsio. A tablespoonful t.i.d. just before eating. (Cohnheim)

For quick relief of this pain give large doses of bismuth and bicarbonate of soda in water—thirty grains each. We have found that lying down generally relieves it, too. Constipation is usually associated, but laxatives seem to add to the mischief. It is best treated, in our experience, by the use of cold water enemata. Often there is a gastroptosis, which must receive proper mechanical support.

For the pain of gastric ulcer:

℞ Ext. belladonnæ folior..... 0.2
Magnesii oxidi..... 25.0
Sodii bicarbonatis..... 25.0
M. One teaspoonful, one or two hours after eating, three times a day.

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For gastric cancer:

℞ Fl. ext. corticis condurango..... 2.0
Fl. ext. cascaræ sagradæ..... 0.5
Acidi hydrochlorici diluti..... 1.0
Glycerini 5.0
Essentiæ pepsini..... 5.0
M. One dose, given half an hour after eating.

In the treatment of visceral gummata give from thirty to sixty grains of potassium iodide three times a day and one-quarter of a grain of the succinimide of mercury every other day, injected into the glutei.

Urotropin in Meningeal Inflammation.

Dr. Walter Brem, Chief of the Medical Clinic, Ancon Hospital, Canal Zone, discusses (*N. Y. Medical Journal,* Oct. 22nd, 1910) the use of urotropin in meningeal inflammation and reports a case of meningococcus meningitis in which he used it. The excretion of urotropin in the cerebro-spinal fluid having been experimentally established by Cushing and Crowe, the author believes that this drug should be used promptly in all cases in which meningitis is a possible complication. When meningitis is already present it is indicated as an adjunct to the treatment or as a substitute for Flexner's serum when the latter cannot be obtained.

Stovaine in Gastralgia.

(G. B. Canepari: *Biologie Médicale,* Sept. 1910).—In a case of nervous hyperchlorhydria, accompanied with great pain, stovaine was found to give complete relief. One cachet, containing bismuth subnitrate 0.5 gram (7½ grains), calcium carbonate 0.15 gram (2½ grain), stovaine 0.02 gram (1/3 grain), was given thrice daily after meals. Prior to using stovaine, cachets of bismuth and chalk alone had been given, with hardly any result.

LETTERS TO THE EDITOR

Is Morality a Matter of Geography?

Editor CRITIC AND GUIDE.

Dear Doctor Robinson:—In your address delivered before the Sunrise Club and printed in the January issue of THE CRITIC AND GUIDE you say that you are not ready to subscribe to the dictum that morality is merely a matter of chronology and geography. From what I have seen on my frequent trips to Europe it would seem that geography certainly has a good deal to do with morality. I have seen refined school teachers, who are

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considered of the strictest morality and of the most correct deportment, throw off all restraint on reaching the European shores and going in not only for the gay life of Paris or Berlin, but plunging even into sexual excesses. I have seen young ladies, who at home have always been considered prim and prudish, insist upon being taken to the worst resorts in the European capitals. "They just wanted to see what that life was like." And on getting back home, they were again just as prim and prudish, and I do not think their "experience" disqualified them for their position of teachers of the young. They locked it up in the deepest recesses of their heart or their memory, and nobody was any the wiser. And their deportment was perfectly correct and irreproachable until their next ardently longed-for European trip. And I do not think such people can be called hypocrites. It is just a matter of geography: you know "there are no ten commandments beyond the Suez Canal."

Thanking you cordially for the profit and pleasure which the perusal of every issue of your ever bright and interesting CRITIC AND GUIDE affords me,

Sincerely yours, J. M.

[Many people say morality when they mean sexual restraint. *That is* apt to be thrown off on reaching a strange country. Many people do not believe that sexual conduct is a matter of morality. In their home town they lead a life of abstinence or strict monogamy, for to live otherwise would mean social ostracism, or would jeopardize their position. But as soon as they are away from home, out of sight of their gossipy friends, out of reach of Mrs. Grundy, they throw off the restraint and lead a more natural life. And as Mr. M. himself says, they are not any the worse off for their experiences. Let us not confuse real morality, which has to do with our relations towards our fellow men and towards society, with sexual conduct, which is a purely personal matter and concerns only the parties interested. — *Editor.*]

What To Do With McFaddens?

Editor CRITIC AND GUIDE.—In reply to your question "What shall we do with a fellow like MacFadden" (CRITIC AND GUIDE, December 1910, page 425), I submit that the solution offered by yourself is far too lenient and too slow in its action. I should think it a proper punishment to infect him with the diphtheria bacillus, being careful to produce all conditions necessary to cause a decided and virulent disease. Of course he would have to be properly isolated, for the protection of "the innocent by-stander". Then treat him in strict accordance with his own lunatic advice, and watch him squeal.

If the diphtheria so produced were to prove fatal, all the better in this particular case. It would serve as an object lesson to his kind, and the world could very well wag on without him.

Very sincerely yours, H. J. ACHARD.

Chicago, Ill. *Librarian and Review Editor.*

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PRAISED BY SOME, BLAMED BY OTHERS, DISDAINING THE FOOLS, BRAVING THE WICKED, I HASTEN TO LAUGH AT EVERYTHING . . . . FOR FEAR OF BEING OBLIGED TO WEEP

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

1 year, $1.00 - Single copy 20c. - Foreign $2.00

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

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EDITORIALS AND EDITORIALETTES

A LETTER TO A DOCTOR WHO IS ABOUT TO ENTER THE ROAD WHICH LEADS TO QUACKERY.

Dear Doctor:—I do not know you. I have never met you. And still I am going to write to you. I do so as a matter of duty. To the question: Am I my brother's keeper? I have always answered: Yes. And when I see a young man starting on a wrong path, I try to warn him, to save him, if I can.

You have entered upon the wrong path, and I am sorry for you. And I urge you to turn back while there is yet time. I advise you to turn from the path of quackery, upon which you are, consciously or unconsciously, entering. I advise you to do so, not only for moral and ethical reasons, but because you yourself will in the end be the greatest sufferer. The man who never graduated from a medical college, the man who was never associated with the medical profession, the man who is an out-and-out quack, has no such scruples as you will be tortured by; he cares only for the money, and as long as he makes that he is satisfied. But you will suffer. When you see your professional colleagues turning away from you, when you see yourself avoided by even your personal medical friends, when you see yourself shut out from all medical societies, you will suffer. You may put up a bold front, you may try to make others and yourself believe that you do not care, that you do not give a rap for the approbation of your medical brethren, that their ostracism is nothing to you. But deep down in your soul you will feel that it is not so; you will feel that you are deceiving yourself as well as others;

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you will pass many sleepless nights, and your pillow will hear some heart-breaking confessions.

How do I know it? I know it because many of the better class of quacks made those confessions to me. One man, who has made a pile of money and who, in spite of his undoubtedly quackish methods, has many excellent qualities and humanitarian inclinations, confessed to me that he would willingly exchange the plaudits of fifty thousand laymen for the approbation of one reputable medical man.

Of course, I know what you will say. You will say that you are knocking the medical profession, and going to the laity, because the medical profession is narrow, bigoted, commercialized, and so forth. I am even willing to believe that that is your real reason for leaving the profession, and not the fact that in the ordinary ethical practice of your profession you were unable to make a satisfactory living. But, still I would ask you to ask yourself this question: Would I have left the path of regular ethical medicine if in following it I had been making five or ten thousand dollars a year? I fear your answer would be in the negative.

But, assuming that it is so, that the profession is narrow, commercialized, etc., is it not your duty to stay on the inside and fight this narrowness and commercialism, and other abuses which have crept in the profession? Don't tell me that you cannot do it and still remain within the profession. For it is not so. I myself am the proof of it. Nobody has on occasions criticized the shortcomings of our profession more severely than I have. THE CRITIC AND GUIDE was organized for the distinct purpose of criticizing the abuses and faults of the medical and pharmaceutical professions. But while some narrow bigots did not like my criticizing, this did not put me out of the pale of the profession. I stayed right in, fought as hard as I knew how, and with the result that it was I, and not the bigots, that carried off the victory. It is not I that became narrower, it is the bigots who became broader—or retired into solitude.

Don't you see that by leaving the profession—for the path you are entering upon means essentially this—you render yourself entirely impotent for any good? Even the laity will cease to listen to you as soon as they find out that by the regular profession you are considered a quack. And what's more, when they want a doctor, they will consult a regular physician. Finding yourself forsaken by the profession and by the laity, you may want to turn back to the former, but you may find the portals shut. For our profession is a jealous profession and is not lenient towards transgressors.

The medical profession, that is, a part of it, for to accuse the entire profession would be wrong, may be narrow and commercialized. No profession can help being affected by the tendencies of our times, by the influence of our social and economic conditions. But a profession that counts among its members a

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Hippocrates, a Galen, a Harvey, a Servetus, a Vesalius, a Paré, a Maimonides, a Louis, a Trousseau, a Fournier, a Graefe, a Virchow, a Müller, a von Helmholz, a Gerhardt, a Billroth, an Ehrlich, an Osler and a Jacobi, is a pretty good profession to belong to.

Don't you think so?

Or do you perhaps think that the company of old "Dr." Grindle and "Dr." Gray and "Dr." Tilden and "Prof." Samuels and Mr. McFadden is preferable? If so, I have nothing to say. *Chacun a son gout.*

Still fraternally yours

WILLIAM J. ROBINSON.

WHAT WOULD YOU HAVE TOLD HIM?

An interesting case involving a moral question.

Mr. X. Y. Z. came under my care in 1900—eleven years ago. He was suffering acutely from a double epidydimitis, of gonorrheal origin. He was then twenty five years old. Four weeks before he sought my advice he contracted gonorrhea—the first attack. He was very well to do, and could have well afforded to consult a specialist. But he did not. He thought it was a trifling affection. He did not even consult an ordinary physician. But he consulted a good friend of his, a druggist, with whom he had been dealing for several years, and in whom he had very much confidence. They belonged to the same masonic lodge.

Druggists are accused of many things of which they are not guilty, and of all professional men they certainly work the longest hours for the least remuneration, and they will always have my sympathy. But for one thing they will have to answer before Humanity's Tribunal, and that is for their undertaking to treat venereal diseases. It is sad but true, that in spite of everything that has been written by the highminded pharmaceutical journals against the practice, very many druggists still continue to hand out across the counter internal medicines and injections for gonorrhea. And they do it with a nonchalance, with an *insouciance,* as if they were the greatest specialists in this line. Neisser himself would not deliver his advice with such positive assurance. Many druggists go to the length of themselves administering the injections and of charging a regular fee for the service. The number of cases of epidydimitis, orchitis, prostatitis, the number of cases of acute and curable cases converted into chronic and almost incurable cases by their ignorant treatment can well be imagined. Yes, the druggists will have to answer for their meddling with venereal diseases, of which they know absolutely nothing. They make too many sexual cripples, the lives of too many people are ruined forever.

But to return to our patient. His druggist "friend" gave him some copaiba and santal oil and a hand injection. The discharge at first diminished considerably under the use of the

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injection but very soon he began to develop symptoms of posterior urethritis, prostatitis, vesico-cystitis and epidydimitis. When I was consulted, he was in "very bad shape;" the treatment was long and tedious, but I finally succeeded in bringing him to a practically normal condition. I warned him, however, that in view of the fact that his epidydimitis was bilateral and of a very severe character, he would probably never be able to have any children. I told him that when he was ready to get engaged, he should come in for a thoro examination. Three years later X. Y. Z. again made his appearance. He was engaged to "the best little girl in the world" (they all are before marriage), was soon to be married, and to make sure wanted to be examined. He had exposed himself a number of times, but always used precautionary measures. I examined him, and pronounced him well as far as any danger of infection was concerned. The urine was free from shreds, several specimens of the prostatic secretion presented nothing abnormal, the prostate was neither enlarged nor painful, etc. But the examination, as well as several subsequent examinations, failed to reveal a single spermatozoon. The semen for examination was obtained by stripping the seminal vesicles, and in a "natural" way per condom. I told him that in my opinion he was absolutely sterile and that he could not hope ever to be a father. It was a blow to him, but still he married, for he loved "the best little girl in the world," and children did not constitute everything there was to married life.

I did not see X. Y. Z. for nearly eight years. He appeared at my office about two months ago. He told me about his happy married life. "She" was still the best little girl in the world to him. And he had two beautiful children! One six years, one ten months old. And he remembered what I told him about his non-ability ever to become a father. And he said that in spite of the fact that I had proved a poor prognostician, he had great confidence in me as a therapeutist, and he wanted me to treat him. And his present trouble was impotence, which had begun to make its appearance some ten months before. This is not an infrequent occurrence after a severe gonorrhea complicated with bilateral epidydimitis. I examined him once, I examined him several times, and just as sure as I am of anything in medicine, so sure am I that my good patient X. Y. Z. is *not* the father of the two beautiful children. I stripped his seminal vesicles several times, once obtained the semen in a "natural" manner, and on no occasion was there a trace of spermatozoa. And while both the right and left epidydimis remain swollen and indurated, the testicles show decided signs of atrophy (as often occurs after a double epidydimitis). He recently referred to the subject again. He asked how it happened that I, who he heard was so careful and circumspect, made so positively gloomy a prognosis in his case.

Well, what was I to answer? Should I have, by an

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equivocal answer, cast a doubt in his trustful soul, and thus perhaps have jeopardized the happiness of a family? I answered him, unhesitatingly, that none of us was infallible, that mistakes were apt to happen after the most careful examinations, and that I was sorry for the mistake I made in his case. I acknowledged I had made a mistake and apologized for it.

What would you have told him?

THE DISCUSSION ON FASTING, ON SCIENTIFIC MEDICINE VS. QUACKERY, ETC., BETWEEN MR. UPTON SINCLAIR AND DR. ROBINSON.

In the March issue of THE CRITIC AND GUIDE appeared the first two letters of the discussion. The two next letters follow:

ON FASTING.

Replying to the letter of Dr. William J. Robinson:

Dr. Robinson denies my right to have any opinion on medical subjects. He asks me if I would undertake to discuss engineering or chemical problems. It so happens that I have never had anything to do with engineering or chemical problems, but I have had a good deal to do with medical problems, my own and other people's. I have been obliged to give fully as much time to the investigation of such questions as I would have given if I had taken a complete medical course in any one of our recognized schools. It so happens, however, that instead of permitting the authorities to fill my mind with the dead formulas of materia medica, I have made practical experiments, and have read the new ideas, and thought for myself. I am, therefore, in pretty much the same position as any working class Socialist, who is rebuked by a professor of economics for daring to have opinions on a question concerning which the professor regards himself as the final authority.

For the first twenty-five years of my life I was a patient and humble follower and victim of the conventional medical schools. I had "family physicians," one after another; I went to experts and specialists of various sorts; I visited sanatoriums and health resorts. I have figured out that in that period I spent a total of $15,000 on physicians, surgeons, hospitals, and sanitariums, in an effort to find health for myself and family. My wife underwent four surgical operations; my little boy nearly died on a half dozen occasions. And at the end of the experience all three of us were all but complete physical wrecks, and all but hopeless neurasthenics. Then I threw the doctors overboard, and took the matter into my own hands, and began to study the ideas of the "incompetent laymen-who-would-be-doctors, who have no moral right whatever to give advice on medical problems." Today I have gained 25 per cent in weight, and my pictures are sometimes mistaken for those of a prizefighter. I no longer have diseases, nor think about them.

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To come down to the specific question at issue, I have personally talked with not less than 200 people who have taken fasts, and I have had letters from not less than 1,000. Only two days ago I was in conversation with the sister of a man who had been unsuccessfully operated upon by the surgeons, and was given up for dying, and was being slowly killed by morphine, as an alternative to the enduring of most horrible agony. This man began fasting, and he was on his fourteenth day, and was almost completely restored to health. I have the name of the physician who was in charge of this case, and have written to him, and I will have all the particulars in a few days. It is only one of a hundred cases. I have quoted scores of such letters (giving the names and addresses of the writers) in my book on fasting, which is to be published this month by Mitchell Kennerly.

Dr. Robinson plainly indicates in his letter that he does not believe that anybody ever fasted thirty or forty days. I am not going to argue a question like that with him. I will simply tell him that he is like the scientific men of Galileo's time, who refused to go to see him and drop the shot from the tower of Pisa. Suffice it to say, that I can tell Dr. Robinson of a sanatorium in Chicago where he can go and observe fifty or a hundred people fasting at any time that he sees fit to take the trouble.

Dr. Robinson says that beef tea was given as a stimulant. It was given to Mr. Phillips at a time when quiet was necessary, and it occasioned vomiting. If the doctors were giving a stimulant, and not food, why did they not administer some stimulant hypodermically? Dr. Robinson says "malaria, gonorrhea, syphilis are certainly diseased conditions, and are apt to last rather long. Should the patients abstain from the minutest particle of food during the entire period?" The patient can cure any one of these diseases with absolute certainty by fasting for a week or two. Dr. Robinson mentions chronic kidney trouble, typhoid fever, etc. They can be cured in the same way and in the same time, but of course may last for months under the drugging and feeding regimen.

Dr. Robinson concludes his letter with the triumphant announcement of what the doctors have done in Panama. I have no quarrel with the doctors, whenever they use rational methods of disease prevention. On the contrary, what I am trying to get them to do is to take precisely that attitude toward their duties; that is to say, to prevent disease by sanitation, physical culture and scientific dieting, rather than to permit disease to occur by neglecting these things, as they do, and then treating *symptoms* with poisonous drugs.

Edgemoor, Del., Feb. 4, 1911. UPTON SINCLAIR.

A CHALLENGE TO MR. UPTON SINCLAIR.

My letter in The Call of February 4 has stirred up a hornet's nest, as I knew it would. Some of the replies have convinced

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me that Socialists, who are supposed to be more or less enlightened and capable of independent thinking, are as ignorant on the subject of modern advanced medicine as is the most ignorant Republican or Democrat. Apparently radicalism in economics or religion is not a guarantee of enlightenment in science.

I shall not attempt to answer all the letters that have appeared in The Call. To discuss a question intelligently and profitably, one must possess a knowledge of the fundamentals at least, and of this knowledge your correspondents—so far—seem to be devoid.

But there is one statement in Mr. Sinclair's reply to my letter which cannot, which must not, be permitted to go unchallenged.

Mr. Sinclair makes a statement, which, if true, is of the highest importance to the human race. Mr. Sinclair says distinctly and unequivocally: "The patient can cure any of these diseases—malaria, gonorrhea, syphilis—with absolute certainty by fasting a week or two." Chronic kidney trouble, typhoid fever, etc., he says further, "can be cured in the same way and in the same time," i, e., by fasting a week or two. Now, I repeat, if this unequivocal assertion of Mr. Sinclair is true, then it is of the utmost importance that the human race should know it. It will show that for these thousands of years we have been groping in the dark, that our experiments in the chemical laboratory have been useless, that our hunting in the fields and forests for vegetable remedies has been foolish, that the incessant search for germs and their antitoxins has been in vain; in fact this statement of Mr. Sinclair, if true, will not only revolutionize medicine, it will do away with the medical profession altogether; of what use will diagnosis and scientific treatment be, if all that is necessary to do to cure any disease is to fast a week or two?

But how are we to determine whether Mr. Sinclair's statement is correct or not? Mere assertions will evidently not suffice. Mr. Sinclair will of course claim that his statement is true; I will claim that it is as false as it is ridiculous. No decision can be reached this way. But there is a way: The truth or falsity of Mr. Sinclair's statement can be determined by actual experiment. A person should have the courage of his convictions. If Mr. Sinclair is sure that gonorrhea or syphilis can be cured to a certainty in a week or two by fasting, then he should be eager to accept the following test or challenge:

I will put up $1,000 with the editor of The Call, Mr. Sinclair to do the same. I will infect him—Mr. Sinclair—with gonorrhea or syphilis. He will fast a week or two (or three or four) and take no medical treatment. If, at the end of the fasting period he is well, the $1,000 is his, and I will proclaim publicly in every one of my journals and in every publication which will be willing to open its columns to me, that medicine is a fraud and a humbug, and that fasting is the cure for all diseases. If, however, the fast fails to cure him, then his $1,000 belongs to me (and I promise

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to present it to The Call), and he is to announce publicly that his theories about disease were wrong and misleading, and that his strictures on the advanced progressive part of the medical profession were pernicious and unjustifiable.

Now what objection can Mr. Sinclair have to this test? Fasting to him is nothing—he has done it so often—and he is sure that he can be cured of the disease in a week or two to a certainty; why not try it? The $1,000 that he would win to a certainty is of course, a bagatelle; but the benefit that the human race would derive from such a public experiment could not be expressed by millions.

I confidently expect an acceptance by Mr. Sinclair of this challenge, or a valid explanation why he refuses to accept. I mention gonorrhea or syphilis because those diseases are within my specialty and I have always patients from whom I could take the material for the purposes of infection. But another infectious disease, which is not self limited in duration, may be selected.

One more point.

We were all under the impression that insufficient food, undernourishment, was the underlying cause of a good many diseases. For instance, many of us thought that insufficient food was quite a factor in the development and prevalence of tuberculosis. And in the sanitaria, both in this country and abroad, where they have the best results with consumptive patients, they are acting on the theory that consumption is to a great extent a disease of undernourishment, and they are feeding their patients! They are feeding them forcibly! They are making them consume enormous quantities of eggs, meat, milk and cream. And, strange to say, this excessive feeding seems to do the poor emaciated patients good; they gain flesh, they stop coughing, the cavities in their lungs close up, and the tubercle bacilli disappear. But apparently it has all been an error. Henceforth we shall have to advise the sanatoria physicians to starve their patients.

And when in the future the Socialists discourse on tuberculosis as an economic disease, they will appeal to our sympathy and co-operation in vain. Why improve conditions, why increase wages? Fasting is the panacea, and fasting is certainly cheap.

Very respectfully, WILLIAM J. ROBINSON, M. D.,

President of the American Society of Medical Sociology.

P. S.—I wish to say that my participation in these discussions is not a matter of pleasure or inclination; my time is extremely occupied with more pleasant and more remunerative work. But it is imposed upon me as a matter of duty. One of the objects of the American Society of Medical Sociology, as stated in its constitution, is "the correction of popular errors regarding medical problems and the medical profession."

And for the present the lion's share of the work falls on its president.

(Continued next month.)

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DISCUSSIONS AFTER THE READING OF PAPERS.

Some Suggestions for Medical Meetings and Radical Clubs.

The object of discussions following the reading of a paper or the delivery of an address is a very important one. If the lecturer made unwarrantable or untrue statements the audience has an opportunity to refute them and the lecturer is put on the defensive. Also the audience has a chance to ask for additional information and the lecturer has a chance to emphasize and explain certain points which he may not have made sufficiently clear in his paper. Then it is interesting to note the diversity of opinions of the participants in the discussion. In short, an interesting discussion by people who have the power of language and know their subject adds zest and pleasure to any meeting. In fact, the discussion is sometimes more interesting and more instructive than the lecture itself.

But, unfortunately, it is often the case that a remarkable paper or a brilliant address is spoiled, ruined by a stupid or insipid discussion. Some people who are utterly unable to talk will insist upon talking. Others will put in the lecturer's mouth things which he never said, or will pervert the lecturer's idea making him say something which is diametrically opposite to what he did say, or will offer an objection which the lecturer foresaw and fully covered in his paper, or will proceed to talk entirely away from the subject, or will attempt to entertain the audience with cheap wit and stale jokes, or will simply talk a lot of disconnected nonsense, in order to hear themselves talk.

I confess that one of the most painful things to me is to sit thru some of the discussions in our medical societies and radical clubs. I get extremely uncomfortable and impatient, and often to such a degree that I must leave the room. I see the points at issue in any discussion so clearly, that I cannot understand how people can be so dense. Perhaps I am too severe. People should not be blamed for their limitations. Well, I don't blame them, but I can't be blamed, either, for feeling annoyed.

The character of a discussion often depends upon the chairman. A competent chairman will first of all hold the discussionists to the theme of the paper. He will give to understand beforehand that anybody wandering away from the subject, or indulging in personalities will be promptly stopped. This has an excellent disciplinary effect. Then he will hold the speakers down to the time-limit, which has been agreed upon, and then he will perhaps half-jokingly, half-seriously remark that people who have nothing to say will do well—to say nothing. Such a chairman contributes to the success of any meeting.

Do I make a good chairman? No; I am too strict. I can listen patiently for hours to opinions which are diametrically opposed to mine, provided they are presented clearly and, from the speaker's point of view, logically; but I simply can't bear having anybody talk nonsense, while any attempt to talk to the gallery, to

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pat the audience on the back, to elicit applause by appealing to chauvinism, jingoism, religious, racial or class feeling puts me in a rage. And such things are not good in a chairman, who while he *must* be *fortiter in re,* must also be *suaviter in modo;* and besides the stirring of the emotions is not good for one's health.

To people who wish to participate in discussions, I would offer the following suggestions. They are offered in the kindest of spirits:

1. Do not say anything unless you have really something to say.

2. Say it in as direct and clear a manner and in as few words as you can.

3. Do not bring in your hobby into every discussion.

If you follow these instructions, the rest of the audience will bless you.

VILLIFYING OUR PROFESSION.

It is disheartening to see how thick, dense and stupid some men can be. And when the man happens to be a member of the medical profession, the thing is doubly disheartening.

In a series of articles which appeared in the New York Call in which we defended the medical profession against the false attacks and the villification indulged in by the quacks and charlatans, we made the statement that ignorant laymen had no right to criticize the medical profession. And we stated that the progress of medicine was in the hands of the regular medical profession and the scientists who worked hand in hand with us. Perfectly plain, one would think? Well, a man who unfortunately has the title of M. D. (his name is A. M. Skern, and he hails from Yonkers, N. Y.) came out in defense of the quacks and charlatans and as examples of laymen who contributed to the advance of medicine he gave the names of Pasteur, Leeuwenhoek and Roentgen! Ignorant laymen these! And that after we made it perfectly clear that when we speak of the scientific physicians we include all our coworkers. We have in many of our laboratories and universities chemists, pathologists, bacteriologists, physiologists and even pharmacologists who have not the title of M. D. But they are just as much a part of the medical profession, as we ourselves are. It is not to such people we refer when we speak of "ignorant laymen," and only an unmitigated microcephalic ass would possess the mental density to assume that we did.

But we do not really believe that that "doctor" really did assume such a thing. Thick as he may be he must know better. The thing is simply this: when a quack goes in for attacking the regular medical profession, then no calumny, no lie, no garbling, no misrepresentation is too much for him.

It is a peculiar psychological phenomenon, which we have noticed a number of times: when a man goes in for medical

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quackery, he at once or gradually loses all sense of shame, honor and decency. Or perhaps it is the other way: he first loses all sense of shame, honor and decency and then (or therefore) he becomes a quack. Take it whichever way you want.

In the same letter that doctor attacks the general practitioner, stating that no important discoveries can come from physicians engaged in active practice. "The practitioner's office is not a research laboratory. Behring, Metchnikoff, Flexner, Ehrlich are not engaged in the active practice of medicine." Here the *asinus* is again in evidence. Of course the statement that no discoveries come from physicians in active practice is not true. Numerous facts as to the proper application and the proper dosage of drugs, new surgical operations, all improvements in surgical technique, the advancements in the specialties of ophthalmology, otology, rhino-laryngology, genito-urinary diseases have come and are coming from physicians in active, in very active practice.

As to the statement that the practitioner's office is not a research laboratory, only an ass would expect it to be. A man who is busy from morning to night in attending to patients can not devote himself to original laboratory research. *Nor is it necessary,* as long as he reads the medical journals and keeps up with the progress of medicine. Let Behring, Metchnikoff, Flexner and Ehrlich work in the laboratories; as long as the general practitioner uses their discoveries, as long as he applies diphtheria antitoxin, the lactic acid bacilli, antimeningitis serum and salvarsan (606) in his practice, he has done his duty by himself and by his patients. It is not given to everybody to make important discoveries, but it is given to everybody to make use of these discoveries.

P. S. That ignorant doctor would not be worth while replying to, except for the fact that unfortunately he is not a solitary exception, but is a type of a certain class of quack, a class that considers it "smart" to attack their own profession.

Perhaps they judge the entire profession by themselves.—And perhaps that doctor will think twice in the future before coming out with an attack on the medical profession and its leaders.

THE BOOKER T. WASHINGTON INCIDENT.

One of the meanest adages in our and in other languages is the one claiming that "where there is smoke there must be some fire." There are so many people who just love to believe the worst about people, who cannot help putting the worst interpretation on every incident in a man's career. No doubt, thousands of people will keep on believing that Booker T. Washington was really guilty of an attempt at flirting, and that the white ruffian Ulrich was justified in brutally assaulting him. And they will believe it even if the trial discloses to a perfect certainty that

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Washington was absolutely innocent, and that his assaulter was either drunk or just a common brute.

This incident gives rise to another reflection. What would have happened if the assaulted man was not Booker T., but just a common negro, without any friends and without any influence. He would surely have gone to prison. And that shows that our prejudice against the negro is assuming dangerous proportions. We should do everything in our power to minimize it—or something is going to happen!

WOMEN DEFENDING THEIR HONOR.

And let me say here with a full consideration of the importance of the words:

The woman who becomes very boisterous in the defence of her honor has no honor to defend. The woman who makes a fuss and a scandal when a man ogles her or accosts her is very generally a bad woman. A good refined woman replies with a look of contempt, or says nothing and passes on. The woman who strikes the man with her fist or hits him over the head with an umbrella or has the man arrested and appears in court against him is generally a loose woman, or a sexual pervert, or a virago, with the hatred towards men which old maids who had never had their sexual instinct satisfied, so often exhibit. Sometimes she is a blackmailer or a notoriety seeker.

No man, except when in a state of intoxication, ever *persists* in accosting or otherwise "insulting" a woman, who really wants to go her own way.

And if I were a judge I would never pay any attention to women's complaints against men for attempts at flirting or verbal "insults."

I know that many men and women will violently disapprove of the above remarks, but that is because they do not know as much of these cases as I do. And I am willing to bear the full responsibility.

THE GOOD AND BAD IN "LIFE."

I was reading and enjoying Life. I mean Life, the humorous weekly. "And you read that nasty paper?" he asked. He was a fellow practitioner, of the uncompromising school. An excellent, hardworking, altruistic doctor, but a bit narrow. Yes, I had to confess that I was committing that sin every week, and was enjoying it. He failed to see how I could do it. "Look at the vicious cartoons it prints about the vivisectionists", he said. "Why it is against every advance in medicine; it is against vaccination, against antitoxin, against all research, in fact, against medicine and the medical profession in general." I had to admit all that. And I had to admit that it was also against woman suffrage. And still I liked it. I liked it, I told him, not for what it was against, but for what it was for. And there are many things for which both Life and THE CRITIC AND GUIDE are *for*, in common.

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And then I know, or at least I think I know, that Life's opinions against vivisection, vaccination, etc. are sincere, and the cartoons are not presented in malice.

And that makes a difference. Malice is hateful, but you cannot be angry at honest ignorance. You may as well rave against congenital blindness.

Yes, I dislike Life's antivivisectionism, its antivaccinationism, antisemitism, and its antisuffragism, but I will still continue to read it—and enjoy it—because I like its indubitable cleverness, I like its honesty, and I like its radicalism on social, economic and political questions. I hope I shall not be ostracized for my confession.

THE GOOD AND BAD IN LIFE.

And this brings me to say a few words about the good and bad in life and men in general. It is time that we cease to classify men—and women—into unmitigated saints and unmitigated devils. There is some good in all of us and there is some bad in all of us—it is all a matter of proportion. Of course if a man is 99 per cent. bad and 1 per cent. good, then we have a right to call him a bad man; and if a man or woman is 99—or even 90—per cent. good we have a right to call him or her an angel. But in the vast majority of humans the proportions do not run to such extremes. And if you see a man who believes in or does something which you dislike, try to find if he believes in or does something that you like. And like him for believing in or doing what you like. "Try to find the good in men," is not such a platitude. It is good advice. Of course, if you cannot find anything in a man that pleases you, you should drop him. The same with a journal. But most men are not such men, and Life is not such a journal.

THE FOSSILIZED HUMBUG, DR. SNOW.

We have been asked to give our opinion about Dr. Herbert Snow, whom the antivivisectionists have imported to help them fight their battle against progress in medicine. Dr. Snow is not worth to waste much space on in THE CRITIC AND GUIDE. He is a fossilized humbug and by many of the statements he has made —the one for instance in which he declared that since the introduction of antitoxin the diphtheria morbidity and mortality have increased—he has put himself beyond the pale of scientific medicine. He now belongs in the ranks of the out and out quacks.

THE PSYCHOLOGY OF SEX.

The more deeply I delve into the study of sexual psychology, the more patients I see, the more marital misery I am called upon to alleviate, the more conjugal entanglements I am asked to disentangle, the more convinced I become of the tremendous importance of the sexual instinct in every sphere of our life, the more imbued I become with the idea of the necessity of studying this problem thoroly, from every point of view.

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I have no hesitation in stating that at least half of the world's misery is in some way, directly or indirectly, connected with the sexual sphere. The people themselves may not be aware of it, but if they studied the matter deeply, they would find that the underlying trouble is of a sexual nature.

And matters will not improve until we are permitted to discuss the entire domain of human sexuality freely, openly, without beating about the bush, and without the spectre of a censorship before our eyes.

All honor to those who, like Havelock Ellis and Ellen Key, are shedding light on this dark but supremely important subject.

OUR ONE FAULT.

They say, we all have faults of which we are not conscious. So probably we have quite a few, tho we are not aware of them. But one fault we have, that we are fully conscious of: We are too impatient at the stupidity of others. We shouldn't be, for the people cannot help it.

But we cannot help it, either.

THE GOSPEL OF HAPPINESS.

If we had a century more to live and had no other work to do, we would devote every minute of it to preaching the gospel of joy and happiness. That is the apostolic work that we are in the greatest need of now. Our life is so short, and so full of (partly unavoidable) woe and disappointment, that to take away the few joys nature did grant us is nothing short of criminal.

The ascetic, dried up in body and soul, is an enemy of mankind.

PROPHYLAXIS MORE POTENT THAN PREACHING.

"The preventive effect of education in sexual and venereal subjects upon the incidence of disease is open to grave doubt. It is probably true (the "probably" is entirely superfluous. W. J. R.) that medical students the world over are more thoroly educated in these matters than in any other class of young men. It has never been claimed that venereal infections are less common among these students than among men of a similar age pursuing other courses of study in the Universities and Colleges."

The above is from an Editorial in *The Therapeutic Gazette* (January). We said it long long ago. Mere fear of venereal infection will keep away but a small percentage of vigorous young men. And for this reason we consider the continence propaganda of our Societies of Moral and Sanitary Prophylaxis as at least a waste of energy; perhaps it is worse than useless. And we are glad to see that our journals are becoming permeated with some common sense in this respect.

And, further, we can assure our medical and lay friends that among the Students in Germany there is a decided diminution in the incidence of venereal disease. But this is not due

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to hypocritical preachments, it is not due to greater continence: it is due to the fact that the students are instructed in the use of venereal prophylactics and they carry their protargol tubes in their vest pockets!

THE MEETING OF AMERICAN SOCIETY OF MEDICAL SOCIOLOGY.

A crowded and enthusiastic meeting of the American Society of Medical Sociology took place on March 4th. Dr. James Peter Warbasse, vice-president of the Society, presided. He explained the objects of the Society. Dr. Robinson then read a paper with the title: "The Rational Limitation of Offspring—The Most Important Immediate Step for the Betterment of the Human Race, from an Economic and Eugenic Standpoint." Dr. A. Jacobi then opened the discussion. He showed how in our complex life many problems which were once purely medical, are now becoming sociological and in the future, the physician and the sociologist would have to work hand in hand. As to Dr. Robinson's paper, he said that to discuss it would be to detract from it, to spoil it. He said that it should have a wide circulation so that a copy of it should be in the hands of every physician in the United States. Dr. S. A. Knopf agreed with Dr. Robinson's paper and pointed out the bad influence which a large progeny was apt to have on the development of tuberculosis. The paper was further discussed by Mrs. Heinrich Stern, Drs. Warbasse, Aronson, Talmey, Stevens and Messrs Walker, Gelder, Slobodin and Quinlan.

THE ALTRURIAN FELLOWSHIP.

A meeting of the Altrurian Fellowship took place on March 11th at 12 Mt. Morris Park West. Victor Robinson read chapters from his forthcoming book on Garibaldi, including a trip to Caprera, where Garibaldi spent many years and where his widow now lives (see Critic and Guide, October, 1910). It was a very pleasant affair and all seemed to enjoy it very much. The enjoyment would have been probably still greater, but for two facts: The crowd was too big and people kept on coming quite late which disturbed the audience and evidently annoyed the lecturer.

And on these two points we wish to say a word or two—or perhaps three.

The invitations sent out by the Altrurian Fellowship are personal in character, non-transferable and are intended only for the number of persons specified. If a hundred invitations are sent out and only half of the people bring one or two guests, then the place becomes uncomfortably crowded, and it becomes very difficult to serve refreshments, etc. As to coming late, it is a great injustice to the comer himself who only hears a portion of the lecture and thus gets a wrong idea of it; it is unjust to the lecturer, who is annoyed by the interruption, and it is

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unjust to those present who are disturbed by the late comers. In the future nobody will be admitted after 9 P. M.—Why do people come to theatre in time? Very seldom that people are 5 or 10 minutes late. The same promptness should prevail in lectures and other meetings.

THE LIBERAL CLUB MEETING.

An interesting meeting of the Liberal Club took place on March 15th. The dining halls were packed, over 300 guests being present. The subject for discussion before the Club was: Is anything the matter with the doctors? The following gentlemen participated: Upton Sinclair, Robert T. Morris, Samuel Hopkins Adams, Woods Hutchinson, Norman Hapgood (Editor of Collier's) and your humble servant. Dr. Robinson's paper will appear in several medical journals, among them THE CRITIC AND GUIDE.

THE NEXT MEETING OF THE AMERICAN SOCIETY OF MEDICAL SOCIOLOGY.

A very important meeting of the American Society of Medical Sociology will take place at the New York Academy of Medicine, 17 West 43d Street, on Friday, May 12, 1911, 8 P.M. The following papers will be read: 1) "What Animal Experimentation or so-called Vivisection has done for Mankind", By Dr. James Peter Warbasse; 2) The Control of Prostitution and Venereal Disease, by Dr. Frederic Bierhoff and 3) Abortion, in Its Moral and Social Aspects, by Dr. William J. Robinson. A discussion by members of the medical profession and the laity will follow. All are welcome.

SYMPOSIUM ON ABORTION.

An exceptionally interesting meeting of the East Side Physicians' Association took place on March 23d at the Café Boulevard. The subject of the evening was Abortion. The medical aspects were considered by Dr. Boldt, the legal aspects were considered in a paper prepared by Mr. Vandiver, Counsel for the County Medical Society, while Dr. William J. Robinson considered the subject in its social and moral aspects.

The paper was received with extreme favor and was discussed by Dr. C. A. Von Ramdohr, Dr. Samuel W. Brickner, Dr. Leon F. Garrigues, Dr. Sydney J. Graber, Dr. Abraham J. Rongy, Dr. Maurice Fishberg, Dr. Wm. S. Gottheil, Dr. Girsdansky, Dr. Zwisohn, Dr. U. G. Robinson, Dr. Herman Grad, and Dr. Gottesman. Dr. Wm. J. Robinson closed the discussion.

Dr. Robinson will also discuss the question: Is abortion ever justifiable when the woman's life and health are not threatened, before the Williamsburg (Brooklyn) Medical Society, on April 10th.

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Charity and The Limitation of Children.

Suggestions from a physician to the president of a charitable organization.

To the President of the New York Association for Improving the Condition of the Poor:

Having received your circular letter of Dec. 13th, (1909), I am going to act upon it just as tho you really mean what you say in writing: "If this enclosure brings to you any suggestion of value regarding forms of philanthropy, public or private, in which you are interested, we shall be much gratified. If it shall call forth suggestions regarding our facilities, and possibly a desire to utilize them as the channel for your own benevolent purposes, we shall be very glad to hear from you." I am not blind to the fact that this is a call for the usual annual contribution, and your books can testify that my father and I have responded to this call for perhaps twenty-five years. Now the matter which I have just quoted from your letter touches me in a very vital spot. I see things to remind me of it every day, and your yellow slip enclosure is just one more reminder which is too much for me to let pass without taking advantage of this opportunity to offer you my pet suggestion as to what your society and others similarly situated could do very quickly to ease up on the work in hand and simplify your problems.

Here you present a picture, "What am I to do?" You show a crippled street cleaner out of work with six children, the youngest only three days old and the mother in bed with the child. Now if I were right on hand, my first advice to that father would be to quit breeding, and I think I would thump it into him so hard that he could not mistake my meaning. The great trouble with such folks is that they have no more idea than a cow or a pig, that it is possible for intelligent human beings to limit the family and stop bringing into the world children for whom there is no sufficient preparation or place. All the intelligent classes recognize this nowadays, and everywhere in this country, in England and Australia the rate of increase has been diminishing. The last bit of news comes from the United States Immigration Commission's report in which we are told: "The Commission finds fewer children are born to these immigrants after having arrived here than *blessed* them in the old country." Observe two important points. First, that these immigrants do acquire some sense in this particular in this new country. So far good. Then notice how the old superstition crops out, that numbers are a *blessing*. You and I know absolutely that this is not so, unless there is adequate provision for numbers, and there is not a re-

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port of your society or any other like it, which does not prove year after year that the great problems you are called upon to face are very largely due to thoughtless, reckless propagation; and it is the increasing numbers that make it impossible for you to keep up with the work you are called upon to do. Therefore, as I have already said, I would have you tell this man and a thousand more just like him that it is his business to act like the rest of us decent citizens, and not continue to bring into the world children that he cannot hope possibly to take care of properly.

Now I know that it is a very bold proposition, yet I think, almost know, that it must occur to you and to other workers in the field and to all who go down into their pockets year after year to help solve these problems. It crops out everywhere. Last November in New Haven, at a meeting of an American Association for Prevention of Infant Mortality, Dr. Alice Hamilton presented a study of poor families in Chicago, showing that the child mortality among families with six children and over is two and a half times as high as among families with four children or less, and she concludes that the great mortality in large families must be due to insufficient care of the over-numerous children and the exhaustion of the mothers thru excessive child bearing. I took that from the *Survey* of November 20th last.

Under the direction of Dr. Herman Biggs, the health authorities of this city examined nearly fourteen thousand children in the schools, and found over six thousand needing medical attention. The work was done by one hundred inspectors. Surprise was expressed that nearly one-half of these children should show so much evidence of a great variety of diseases impairing mind as well as body. It was said: "The proportion is so high that the city should do something at once to reduce it." The only remedy offered was more inspectors to urge upon parents better care, but we know how useless this must be where the parents have reached the limit of all the care they can afford to give. It was largely a question of general starvation, lack of sufficient clothing, lack of house breathing space, and lack of everything than can be caused by over-crowding.

Once more I will remind you that the intelligent classes are solving this problem in a way that makes much talk about "race suicide," but I do not see much evidence of any general scare on this account. Those who know enough to benefit in their own tribe and family by extending their economy in this direction would only be too glad if every man could have sense enough to do the same. It is no doubt allowable to conjecture that this tendency may be over-done by the knowing ones. Prof. Walter T. Wilcox, of Cornell University, speaks of certain changes as "due mainly to direct volitional control of the birth rate, a phenomenon of the last half century." He thinks society might easily recruit itself more largely from its best lines of descent since it appears that from one hundred graduates of Harvard

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there are only seventy-three sons in the next generation. Let us admit that there is much to be said along these lines, but it is certainly just as true, that there is a large class that needs preaching and teaching of the other kind with a view to encourage them to be content with the limit of say four children per family.

On November 8, 1908, the *New York Times* had an article headed "The Bane of the Poor is Large Families." This article says: "It is a fact that much of the distress of the year has been directly traceable to the advent of babies in the homes of the poor." The report says: "It is well known among social workers that the birth of a child is a serious menace to the prosperity of the ordinary laborer's family, and that in the case of the unskilled poor in our great cities the birth of a second or third child even in prosperous times usually brings disaster to the home. If thru lack of proper attention the baby is allowed to fall sick, or the mother's strength is wasted, the invariable result is that from one to ten persons are thrown upon public or private charity for support. The mother becomes an invalid, her children are neglected and under-fed, and make an early start in the way of physical degeneracy and pauperism." Then follows the story of a mother with nine children thrown upon the care of that society (the Society for Improving the Condition of the Poor) for support. After quoting the above Dr. W. J. Robinson, editor of the CRITIC AND GUIDE, says: "The charitable associations are doing good work, work that every kind-hearted man should aid to the utmost, but until the common people learn to limit the family, and as long as economic conditions are what they are, we can only hope to alleviate a small portion of the misery resulting from too many children. We cannot hope to cure it."

In the *Woman's National Daily* of St. Louis, last summer, appeared an editorial on child mortality. There is no need to go over the heart-rending statistics or the causes, but I will quote the conclusion: "There must be some method devised for laying the foundations of physical improvement of healthy childhood, and until that is done no great improvement in national physique can be expected." The solution lies in four words—"fewer children and better." The comforts and care due to one thousand children are now spread out too thinly for the care of two thousand, and the result is general deterioration and a lowering of the vitality and vim of even the best of the survivors.

I am so burdened with these thoughts every hour that you have got to hear it from me, and since you have directly invited it, there is no other way, you are bound to hear my suggestions. You might say it cannot be denied, but nothing can be done about it. Public opinion would not approve the extension of the knowledge of the limitation of the family to those families not yet awakened to its possibility and importance. I know the lasting power of old prejudice, but as I read the signs of the times it

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strikes me that the preponderance of opinion among the intelligent and influential classes would stand for my point of view and justify the attempt to bring about some relief in the way I propose.

Frankly, I think the only difference between myself and the majority of other folks who use their brains is, that I stand ready to speak out, while they think and think and occasionally whisper. I am not, however, alone. There is plenty of good company. Dr. Robinson, in the CRITIC AND GUIDE, writing of the regulation problem said: "There is no single measure that would so positively, so immediately contribute towards the happiness and progress of the human race as teaching the people the proper means of prevention of conception. This has been my sincerest and deepest conviction since I have learned to think rationally. It is the sincere and deep conviction of thousands of others, but they are too cowardly to express it in public." This follows a brief statement of a dozen reasons why life, health and happiness would be vastly improved in proportion to the extension of such information. Another physician, Dr. William L. Holt, writing on prevention as a social necessity and duty said: "Conscious and limited procreation is dictated by love and intelligence; it improves the race. Unconscious, irresponsible procreation produces domestic misery and half-starved children. Conscious procreation of human life elevates man to the gods. Unconscious procreation degrades man to the level of brutes."

It is the old story that our beautiful systems of charity are responsible for the perpetuation and even propagation of many of the evils they combat. It has been truly said that we are "not content with manufacturing degenerates by means of over population, but when they are a finished article we carefully tend and preserve them in the workhouses, hospitals, asylums or prisons, without making any stipulation in return that they shall not breed others like them at the first opportunity when they are not behind the bars." It would, of course, be superfluous to cite the Indiana law for your instruction, but I remind you of it just to show that even a State can do something to interfere with the needless tide of criminals by means of an operation of small importance surgically and of no risk by which it is possible to put them out of business in the matter of the reproduction of confirmed criminals, idiots and imbeciles. Several hundred operations have already been performed, and several states are looking toward the enactment of similar laws. If states can go so far as this without exciting protest, the charity society might certainly undertake quiet, separate or single-handed instruction of families in the way to encourage them not to over burden themselves and the community with further increase, when they have already enjoyed their share of this form of supposed blessing.

You made a straightforward bid for suggestions. I think you must admit that I have made a straightforward, honest effort to help you and a hundred societies of this city concerning the

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continually pressing and very important subject. I have not the least doubt that my suggestions will be accepted some day—I will not attempt to guess the time. It is inevitable that we should get wise and act sensibly, where reason points the way and nothing stands in the way except ignorance, prejudice and superstition. With reason I defy them all. I will invite you and a thousand more to stand with me, and therefore I shall place this offering in the hands of the influential supporters of charity efforts in this country.

Yours very truly, E. B. FOOTE, M.D.

E. B. FOOTE, M.D.,

My dear Sir:—I beg to thank you for your suggestions in reply to the request for them that appeared in the Annual Report of the Association for Improving the Condition of the Poor. The subject that you discuss is one that is worthy of serious consideration and that has in the past been treated with an excess of sentiment. A little later when I am more free, I shall hope to have the pleasure of a conference with you upon this subject.

As a matter of fact the problem only comes to the Association for Improving the Condition of the Poor in its late phase—that is to say our beneficiaries whose distress is caused by an over numerous family have submerged themselves already. As far, therefore, as these individual families are concerned, we have not much option. The "race suicide" theory, which has been so much exploited of late, is an immense encouragement to the large family idea and the illiterate are hardly to be blamed if they are misled upon this question.

I should be glad to know when I see you what definite propositions you have to offer with reference to the practical solution of the problem.

Very truly yours,

. . . . . *President*

Dear Sir:—In a former letter, that of December 21, '09, I suggested that the Association for Improving the Condition of the Poor and other philanthropic societies of similar purpose could lessen the need of their costly activities by encouraging limitation among families calling for aid, where there are usually too many already, with probability of one more each year. Acknowledging my letter you admit the subject worthy of consideration, which encourages me to offer more in the same line, and approach nearer to the point of practical solution of the problem. You admit that the families needing aid are generally already too large, so that it is in fact too late for my proposal to be of use; but you will hardly deny that when you put such a family on its feet again and the house in order, it is liable to come back on your hands with more babies. Therefore *the* thing to do is to educate them for limitation.

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You cite the "race suicide theory" as an encouragement to unrestricted propagation, and I admit its unfortunate influence, but it has brought the subject forward and it has led to the publication of many valuable expressions of opinion on the side of "fewer and better." Permit me to recall a few of them, and for a leader let us quote from an article by Judge Brewer in the December *Ladies World*:

> "Woman, conscious of her independence and capacity to support herself, will demand true manhood in her husband. Children will come. However, *the glory of the home will not be in the number,* but in the quality of the offspring. *Race suicide is not the worst offense.* To load a home with so many children that the mother cannot give to each the full blessing of a mother's care and devotion is *far worse than race suicide.*"

The *New York Times* (N. Y., Jan. 2, 1910) gave a top-half page to an interview with Prof. Edward A. Ross, of the University of Wisconsin, largely devoted to favoring restriction of birth-rate. He said: "Education is what is needed—education directed against the old idea that it is the woman's duty to bring as many children into the world as possible in the belief that God will look after these children when they are brought here. On the other hand, intelligent young women—women who would make the best mothers, but who, thru a liking for intellectual pursuits, prefer to remain childless—should be taught *the ideal greatness* of motherhood, while others, who may think too lightly of maternity, should be taught the serious responsibily to the race and to the family that comes from parenthood.

"Neither do I believe in the restriction of marriage *save in the case of physical or mental defectives.* Marriage is the normal state for all, whether poor or rich. But marriage, with poverty as a condition, should necessarily restrict the number of children. The normal size of a family, the number of children that can most advantageously be reared, must naturally depend on the material means of the parents themselves. By certain students of the subject definite standards as to the size of an average family have been advocated. That seems rather difficult to ascertain, but if we are to have such a standard, from four to six children—which means on the average, from three to five children actually raised—would seem to be a *normal number.* Nevertheless, I am not to be quoted as advocating that or any other number as a definite ideal.

"What I stand for is the National need for a more perfect knowledge of parental responsibility among all classes of our people. When that is attained I believe that the ideal marriage will involve in all cases the rearing of a moderate-sized family of children, a family that will not be a burden to the parents nor a menace to the State by *increasing its poverty-stricken class.* This, with the deepening of the National conscience in matters of our civic and social life, together with a clearer view of our

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future adjustment with the great races of the world, marks the way by which American civilization may hope to reach the heights that the idealist is wont to picture as belonging to the Golden Age, the earthly Paradise."

In the *National Woman's Daily* of St. Louis, Dec. 29, 1909, a small sheet of very large circulation, appeared the following:

"There are already too many children in the world. *What we want now is quality and not quantity.* Parents should be taught the responsibility of bringing children into the world, and, then, when they have been taught that nine-tenths of the babies born every year are nothing more or less than human culls, I believe the birth rate will decrease and we shall have a better and stronger race.

"This comes from Mrs. Helen La Reine Baker, the richest woman in Spokane, also suffragist, reformer, philanthropist, humanitarian and apostle of brotherly love, known thruout the northwest as "the Little Mother of Unfortunate Children."

"Mrs. Baker is anything but conventional. She is young and attractive, is highly educated and widely traveled, and has plenty of money to gratify every whim. 'Eugenics is the technical term for the work I am engaged in,' she said. 'It relates to the propagation of mankind, and I mean to devote all my time to teaching children the right way of living. You cannot mold character after the child is twenty years. My studies of children all over the world have convinced me that not more than ten per cent of them are children of love. The other ninety per cent are not wanted, and this leads me to believe that ten years hence to be the father of a family of ten or twelve children will be as much of a disgrace as being a confirmed drunkard is at the present time. Within the next decade we shall be able to teach these things to children and the result will be a new race of men and women.' "

A letter to the *New York Times* of December 1, 1909, by Lurana W. Sheldon has the heading " 'Half-dozen Batches' are the Chief Cause of Poverty," and says in part:

"Live in the hospitals and see the mothers who come there! Live in the asylums for orphans, monstrosities, and incurables for a time and study the results of matrimony! Visit the millions of homes of poverty and hear the story of the cause of discouragement, poverty and illness! *It is only the voice of ignorance that still babbles of large families,* and only the pen of the wilfully blind that writes of environment as a more important factor in child raising than inheritance! It is a gratifying thing to hear one's long possessed theories on the lips of the wisest in the land, even tho there is some exasperation over the bestowal of all the praise upon these tardy thinkers. Eugenics—the stepping-stone to something better! Race culture—the beginning of the blessed end!

"A little later on will come hygienics, common sense, and self-control for the masses, and then soon we shall have something like a civilized Nation!"

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In the *New York Evening Sun* of Dec. 16, 1909, appeared a two column report of the investigations of the Immigration Commission in which is found the statement that "children belonging to small families are considerably better developed than children of large families. This is not a result of the fact that small families are found among the well-to-do and large families among the poor, *but the same differences are found in all social classes.*" (Note, in passing, that these quotations are not from small, "crank" papers, but they are from best known dailies of large circulation and influence, and so valuable "signs of the times.")

In the *Woman's National Daily* for Nov. 3, 1909, appeared a report by Dr. C. L. Wilbur, chief of vital statistics in the census office, estimating that from one hundred to two hundred thousand babies under five years old die each year in the United States of preventable diseases, and this is officially cited as evidence that "race waste" is a sorrier and more serious fact than "race suicide." The former is mentally attended with great suffering, mental anguish and financial loss, which cannot be charged against limitation by voluntary intent. Probably the population rate could actually be increased by limiting the number of births to half the present product, and giving those born twice the care, thought and attention which can be given them at present.

In France the *Matin* invited a discussion of "State endowment of maternity" and Mr. H. G. Wells gave his views in the edition of Nov. 25, 1909. He said "I am not among those who consider that the continued fall in the birth-rate in the United States and all the countries of Europe is an unmixed evil. The growth of the security of life, united to the advancing complexity of the social system, necessitates *more temperate and better controlled procreation.*"

I am not at the end of my clippings, but probably I have quoted enough to show that "race suicide" is not always mentioned to be condemned and that, on the contrary, there are frequent expressions of approval of controlling family increase "within bounds of prudence and reason." If "actions speak louder than words", surely the self-respecting and self-supporting classes of the civilized world are *endorsing the policy of limitation,* to that extent that we cannot doubt the majority is practically for it, and if it be a good, economic policy for the well-to-do, it surely must be worth recommending to those of very limited income who are perpetually on the verge of needing philanthropic aid. It appears that all the arguments are favorable to this point of view, and it is only old fogyism, and unfounded fears, and the barriers these have erected in the shape of laws, that restrict the freedom of the press and even of verbal advice concerning practical means of prevention of conception. In spite of the difficulty of getting the opponents of such laws to come out against them, we may note occasional "straws showing how

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the wind blows" for our views, and one of the most encouraging is the fact that when such restrictive laws were proposed for the progressive and enlightened people of New Zealand they were defeated by woman's influence.

Lastly, I offer the following letter from the *Woman's National Daily* of Sept. 8, 1909, by a writer who confesses to having passed three score and ten, and who no longer cringes to Mother Grundy. Under the head "Let there be Light," he writes:

"While thousands are being spent for improving animal and plant life, other thousands are spent for preventing passage thru the mails of such literature as will enlighten parents regarding the most sacred functions of motherhood and an improved race. The highest hope of my life is that the barriers that have been erected by prudes, from a mistaken view of life, born of superstition and false modesty, for which ignorance might be considered an excuse, may be torn down, so that the bright rays of intelligence, light, and truth could be reflected upon the minds of the people. *The absurdity of large numbers being preferable to quality,* and that knowledge must be prohibited to avoid the danger of 'race suicide,' which of itself was simply an abnormal conception, is too ridiculous for patient tolerance by those who know the truth. It is gross injustice, for light and knowledge, which experience and science have fully developed and demonstrated, regarding nature's unchanging laws governing the reproduction of the race, to be withheld from suffering humanity by the abnormal chimerical mock-modesty of over-prudishness, in regard to what they consider the 'Mysteries of Life.' I hope that his letter is not saying too much for your columns, but that it will bring out expressions on this all-important subject."

It means much that such items as above quoted are acceptable to the editors of successful newspapers, and do not call forth the protests which might be expected if the "race suicide theorists" were numerous and had something to say for their idea. Let us assume that the new idea prevails theoretically as well as practically; let us proceed with this thought and act accordingly. Then the practical thing to do would be to issue tracts for the education of the common people, comparable to those which boards of health are now distributing regarding contagious diseases, tuberculosis, etc. But this is not possible because of existing laws which forbid instruction as to prevention of conception, (relics of old ideas) which cannot be safely ignored, and which were no doubt enacted mainly for the purpose of maintaining the "virtue" of the unmarried. Tho not admitting our admiration for this quality of virtue or the value of morals thus assured, we may avoid any contest with those who do prize the law and its doubtful results, by proposing only that an exception be made for strictly medical publishers and regular philanthropic associations, and that their agents and physicians be permitted to

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distribute such tracts as may be prepared for this use and for careful, confidential instruction to the families in need of caution as to limitation.

In THE CRITIC AND GUIDE of May, 1909, appeared a review of a curious pamphlet entitled "Suggestions adopted by the Depew, N. Y., Board of Health for the Prevention of Sickness, Corruption, Crime, and as an Evolutionary Aid to Humanity." (Dr. Geo. N. Jack, author.) From fifty suggestions take five: "11. The overbreeding of the degenerate classes and the underbreeding of the higher classes is rapidly causing the decline of humanity. 12. The man who produces ten or twenty children when he cannot half decently provide for two, becomes a criminal and a public nuisance—half starved, filthy, untutored, half naked, sickly savages are turned loose on the streets to pilfer, lie, beg and corrupt the morals of their playmates. 13. When we evolve higher in the scale of life it may be that married people will have marital relations as desired for children only, but until we do evolve to that scale of life it should be the duty of the health physician to *instruct people free of charge how to breed within their sociological limit, as this can be done without performing abortion or in any way injuring the health.* 15. The physician who regulates conception and encourages healthy, normal educated people to breed at the rate of four per family, is the greatest blessing to humanity, and an absolute necessity to higher civilization, education and progress. 16. The aim is fewer divorces, more moral homes, strong, healthful, happy, contented, patriotic, self-supporting and moral people. Those who have anything better to offer should come forward with the same. *We can only arrive at the truth thru free discussion.*"

Imagining myself for the moment an active member of your Association in a meeting ready for the consideration of new business, if recognized by the chairman, I would offer the following resolution, for immediate action, if a favorable majority can be found for it, or for discussion if this be deemed necessary. Resolved—at a meeting of the Association for Improving the Condition of the Poor; 1st: That excessive fertility, over-child-bearing or unrestricted reproduction of the "submerged" and unfortunate classes is a frequent cause of poverty, distress and the necessity for aid from this society; 2nd: that our agents and physicians be instructed to advise such families to greater self-control and help them to such practical methods as may be suitable for this purpose; 3rd: that legislatures be at once petitioned to make exceptions for eleemosynary organizations in affiliation with the Charity Organization Society whereby their authorized agents shall not be liable to prosecution under laws relating to the dissemination of information as to the perevention of conception; 4th: that (assuming the success of the preceding claim for immunity) there should be fit and appropriate preparation for careful and discriminating education by inviting a committee

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of physicians favoring such instruction to prepare tracts for limited and selected distribution.

The foregoing is my response to your call for "definite propositions with reference to the practical solution of the problem;" and here I may well rest, and await whatever opponents or critics may have to say versus the adoption of the resolution.

Yours truly,

E. B. FOOTE.

A Physician and yet not a Physician.

BY IRVING D. STEINHARDT, M.D., NEW YORK.

After several years of preparation and study the medical student receives his degree of Doctor of Medicine in a more or less elaborate diploma depending upon his Alma Mater. In this diploma is set forth all that he is supposed to have done to have the right to attach the time honored degree behind his name. Supposedly then he is a fully constituted physician and surgeon and can start out to practice his profession. But no he cannot. The public must be absolutely safeguarded so far as it is possible to protect it against incompetency so in case there was any favoritism shown the graduate at college that permitted him to obtain his degree of M. D. unfairly there is still a bar of protection between the public and him. This is the state board which grants the license to practice in their respective states. Their examination must be passed first before the medical graduate can practice medicine. And against this there can be no complaint but just about here is where the "kick" comes in with a great big capital K. A reputable physician of even some renown in his own state for some reason changes his home to another state and thereby finds himself in the same class as the recently graduated medical student. He must take an examination for a license to practice medicine on exactly the same footing as the new and untried graduate. Is this as it should be? Would it not be better to have some National board of Examiners composed of members from various states who would hold the state examinations and whose license to practice would be nation wide in its scope? Or still have the various state boards retain their individuality but by a national convention decide upon a national standard of fitness for practice and have this standard ratified legally by the various state legislatures with the further addition of a law permitting candidates who have qualified in states having this standard of fitness to be allowed to practice in the state without any further examination. So much for the newcomers in our ranks. Now what about those who are already in the fight against disease? What provision should be made for them in case they want to change about for any reason? This would have to be settled after very careful thought. Some states now have a much lower standard than other states and many of the practitioners in the former would not even be eligible to take the examination in the latter under

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their present regulations. Probably a graded code of rules would have to be adopted to meet the situation. In detail it could be discussed at such a proposed convention as the above mentioned one. Just now what we are talking about is "to start the ball a rolling" so that a physician moving from one state to another should not be deprived temporarily of making his living while waiting and preparing for examinations, etc. With a universal standard in force this would be averted and so far as the medical profession was concerned the country would be more like a real "United States".

Chancroids Due to a Peculiar Cause.

BY WILLIAM J. ROBINSON, M.D., NEW YORK.

Mr. X. Y. applied to me for treatment for chancroids. That was his and his doctor's diagnosis. It was, according to his statement, a very bad case and they kept on constantly recurring. The first time he had them was about a year before he got married, but they were completely cured. And now they kept on coming back in spite of the fact that he avoided all extramarital relations, as all good men should. He had been six years married, had two children, the last three years old. The first attack since marriage he had over two years ago. The chancroids would heal in five to ten days, and sometimes they became confluent. The doctor gave him a wash, which from the description was lotio flava, then he gave him iodoform, but as he objected to the odor, he gave him some aristol powder. The chancroids would heal in five or ten days, and would remain well as long as he would keep away from intercourse; but almost invariably after intercourse with his wife, the chancroids would break out again. I suspected that the *causa peccans* was to be looked for in the woman, and I said so. He rejected this surmise with indignation. His wife was the purest woman in the world. I told him that I did not at all impugn her purity, but that she might have an irritating vaginal secretion, or leucorrheal discharge. This was also impossible, as she was very healthy, very clean, and he was sure that he alone was the guilty party.

When I examined him I found three small ulcers, one in the sulcus, one on the side, and one near the root of the penis. They did not look like chancroids to me. They looked like ordinary superficial ulcerations, due to some irritation or a burn. There was no adenopathy on either side. And careful microscopic examinations of the scrappings from each ulcer failed to disclose the presence of the Unna-Ducrey bacillus. Nor were there any streptococci. In fact, the field was singularly free from bacterial flora. I cleaned the ulcers thoroly with hydrogen peroxide and gave him the following ointment to be applied twice a day:

Reprinted from *The Medical Record*, December 17, 1910.

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Zinci oxidi..... 4.0
Bismuthi subnitr..... 2.0
Bals. Peruviani..... 1.0
Petrolati albi..... 20.0

and I told him to abstain from intercourse for two or three weeks. In five days the ulcerations, or the chancroids, as he persisted in calling them, were completely healed. A month later the man came back with the same ulcerations, almost in the same situations. I gave him the same treatment, but told him that if his "chancroids" broke out again I would not treat him until I had examined his wife. They did break out, and reluctantly he agreed to send her to my office. I examined her, found the vaginal mucosa harsh, dry, and shining, but no evidence of any disease or any uterine or vaginal discharge. Still I felt that here was the etiological factor to be looked for. A little parleying disclosed the fact that each time before intercourse, without the husband's knowledge, she was in the habit of inserting some antiseptic tablet. She had been doing it for over two years, as she did not want to have any more children. And she considered it too delicate a subject to speak about to her husband. I analyzed the tablets and found the principal ingredients to be citric acid and a small quantity of corrosive sublimate. And I consider the latter responsible for my patient's chancroids. The susceptibility of many people to mercuric chloride is well known, some being unable to use it on their hands without getting an eczematous eruption, etc. I advised her to leave those tablets alone, suggesting a milder remedy, and since then my patient's chancroids have not returned. Which is proof positive that those tablets were the only cause of the trouble.

And in this connection it is not out of place once more to sound a warning against the use of the highly toxic mercuric chloride as an anticonceptional remedy and as a vaginal injection. Some druggists in their ignorance advise the use of the 7.7 grain tablets! Of course, several cases of poisoning from the vaginal use of corrosive sublimate have been reported, some of them with a fatal issue. That more cases are not on record is a matter of great luck and is to be looked for probably in the slight absorptive power of the vaginal mucosa.

Our Bad Habits.

BY W. H. RIPLEY, NEW YORK.

Thoreau somewhere comments on the habit that landscape painters have of adding a human figure to show where the road or path runs. He whimsically remarks that a representation of him would not do for the purpose as he habitually travels " 'cross lots."

On the outskirts of any town you will find that nearly every unfenced lot, especially a corner lot, is criss-crossed with paths worn by people who hurry to and from work. Moralizing on this phenomenon, a Dickens or an Irving would fill several pages.

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The present writer has long noted, in these short cut paths, one of those symbolic meanings which, when not followed too far, serve to throw a side light on a totally different subject. While we have not done much more than scratch the surface of psychological science, the advances that have been made in its study have been perhaps most notable on the physiological side. It is here that it approaches the basis of sociology and comes into closest touch with our daily lives.

Let us examine in parallel the symbol and the thing symbolized for a little space.

Speaking in general terms, we may describe our voluntary acts as being the result of a mental impulse originating in desire or volition and completed thru appropriate motor impulses with their resulting physical acts. Now the path of nerve fibres transmitting the motor impulse may be likened to the path across the vacant lot. In both cases this path originates as a faint and irregular trace and by frequent use becomes more deeply marked and easier to travel. Any incidental obstacles are worn down or avoided and the familiarity of use renders both easier and quicker to traverse.

As the hurrying mill hand soon ceases to give conscious attention to his way, and the habit of taking the path descends from the class of conscious, to the class of subconscious acts, so the setting in motion of the motor impulses connecting a desire and its satisfaction readily drops to the domain of our subconscious activities.

Now, just as most owners of corner lots object to trespassing, so many of our habits are physically or morally objectionable. Just as the owner puts up "no trespassing" signs, so do our ethical natures or consciences object to certain acts. But to prohibit is not always to prevent.

The owner who sought to limit the hours during which trespassers might cross his property, or the number of people that might pass per day would soon see the folly of such a course. In the same way the person who attempts to restrict his self indulgence to a given amount finds the attempt useless.

The trespasser commences the practice because he has a well defined desire to save steps and frequently he follows some one else. The offender against the laws of nature likewise begins either in consequence of physiological desire or as a follower of others. The cross lots traveller frequently pursues his course in a spirit of defiance springing from resentment against the fortunate owner of the property. So the transgressor of natural laws resents the property rights of nature in his person.

Now, not to pursue this analogy to a tiresome length, we come to the question of effective prohibition.

It is obvious that the short cut path will disappear and the attempt to use it will be frustrated by the owner's putting up a fence and preventing trespass. The motor path to the consummation of an undesirable personal habit will similarly dis-

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appear together with the inclination to use it, if absolute prevention intervenes for a time.

Few people realize how largely we are creatures of habit and how absurd some of our habits are. The tendency of habits to become subconscious, or as we say "second nature", is more than a tendency, it is the rule. Overeating is a good illustration. The excessive smoker consumes probably two thirds of his tobacco without conscious attention either to the effects or to the mechanical act. Any other drug habit is apt to be indulged in, so far as the excess beyond satiety is concerned, in a subconscious way. It is this excess of indulgence that is frequently stopped by the tapering off principle of treatment, and the ease with which it is accomplished has led to false hopes that the true craving can be killed by continued reduction in amounts. Psychology shows however that the "short cut" is still in use and after a period of short rations the victim usually gives way to the frenzied desire in a fresh excess.

We know that excessive use of organs or muscles results in hypertrophy or over development—it is reasonable to suppose that the physiological and psychological mechanism of all our acts is subject to the same law. Furthermore, the phenomenon of auto-suggestion would make it reasonable to believe that the train of action associated with habits may sometimes be automatically set in motion. If the view here expressed commends itself to medical men, then it would seem that the only way to break up an injurious indulgence is to cut it short and allow the mental and physical nexus connected with it to atrophy.

The part played by the imagination in fostering bad habits has apparently not received the attention it deserves. It is quite certain that most of the enjoyment of the various forms of debauchery is obtained from the anticipation of their delights, and the attainment of the desire turns its object to ashes as it were. The imagination is the active agent that urges the jaded subject on to newer and wilder forms of abuse. Perhaps a violent turning of the attention to another subject coincidentally with absolute prevention of the old indulgence might have a favorable result.

While we can blame the artificiality of civilized life for most of our excesses, it seems as tho alcohol had its beginning with the human race. Certainly as far back as history goes men got drunk. Noah seems to have been a chronic alcoholic as his "short cut" was deep enough to survive forty days and drive him to shameless excess on making dry land. Perhaps the monotony of the voyage served, while deprived of "the stuff" to inflame his imagination unduly in picturing the delights of a spree.

The only adequate safeguard for civilized man against his own weaknesses seems to the writer to be a clear and early recognition of the fact that nature will inevitably, and without

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warning, take full toll for any abuse of her work. Upon that basis can be inplanted the higher conviction that society invariably penalizes selfishness and all our bad habits are easily shown to be manifestations of selfishness.

Report of the Removal of a Ninety-five Pound Fibroid of the Uterus.

BY H. S. COCRAM, M.D., NEW ORLEANS.

The only excuse I have for reporting this case is the very unusual size—ninety-five pounds—and the remarkable part of her living in a large neighboring town within a radius of a few hundred miles of this city, and having escaped the surgeon's knife so long.

She is 48 years of age, an American-born, and a woman of unusual intelligence in many ways; but unfortunately when she first noticed the tumor, eight years ago, some kind physician told her there was a leader from the growth to the heart, and "if it was cut she would surely die." So she had preciously guarded her tumor for many years—in fact, until her vitality had been sapped to such an extent that she was a confirmed invalid.

A fellow-practitioner brought her to my service in the hospital a week after his first visit. As you will see by the picture, the abdominal distension was very great, the skin and muscles were unusually stretched; quite a large umbilical hernia had developed; constant irritation and friction had caused considerable ascites. The heart, lungs and kidneys were normal; she had a pinched expression and the appearance of great emaciation, tho she weighed 197 pounds. A vaginal examination revealed very little, except showing the entire pelvic cavity filled by a soft, fleshy, semi-fluctuating tumor.

The operation proved much simpler than I had anticipated. Quite a large incision was made in the median line thru the hernia, and, to my surprise, I only found the descending colon adhering to the growth. Realizing the amount of blood contained in the tumor, and the probable shock when it would be removed, I was careful to have as little bleeding as possible, in separating the firmly organized adhesions of the colon. When entirely freed, the uterus was amputated at the internal os.

She stood the operation remarkably well and made an uneventful recovery, and I received a letter yesterday saying her condition was perfectly satisfactory and that her weight at present is ninety-eight pounds.—*N. O. Med.-Surg. Jour.*

[We wonder how the Christian Scientists or other quacks would have dealt with this case?—W. J. R.]

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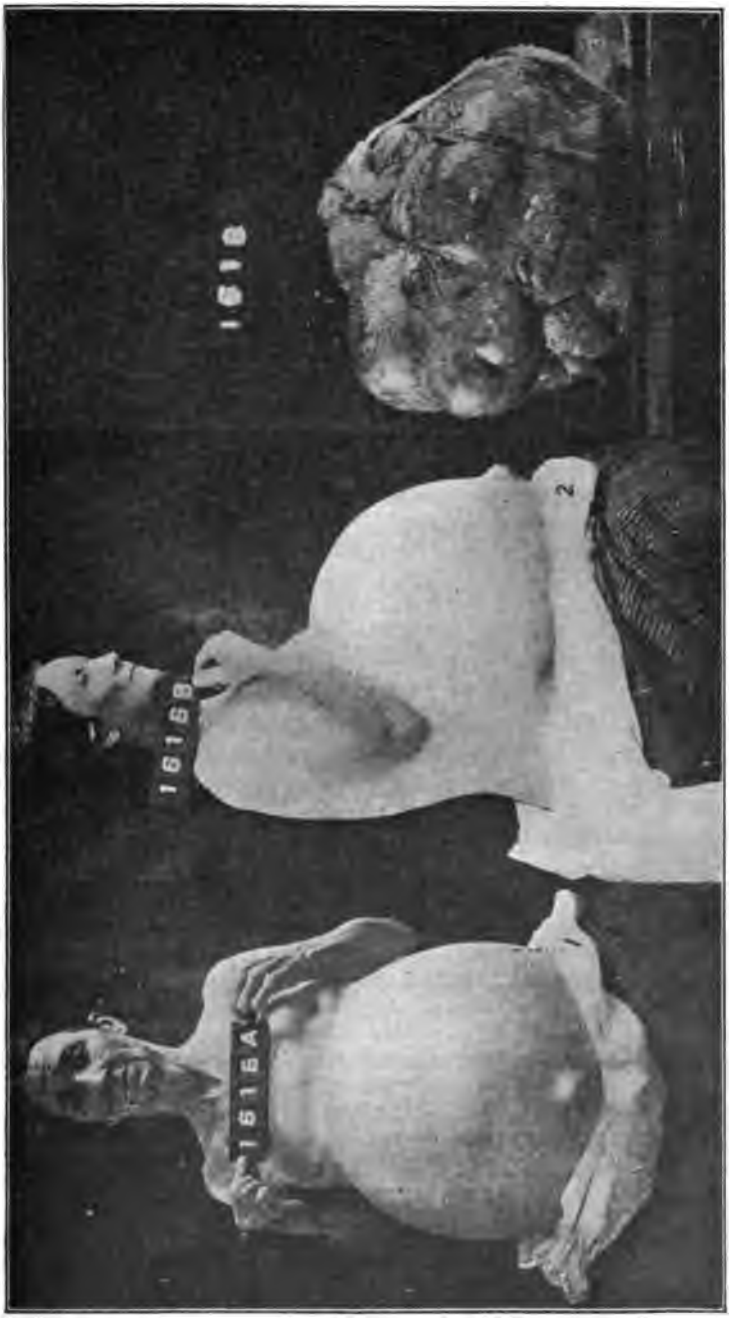

ILLUSTRATING DR. COCRAM'S ARTICLE

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THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

For Idiopathic Hematuria.

Milk diet, rest in bed, cold applications to the lumbar region. Calcium lactate, 20 grains (1.30) t. i. d. Ergot is useful. Ordinary astringents seem to have no effect. Gelatin may be given internally—one pint daily of a ten per cent. solution, flavored with simple syrup. Later give iron.

Indicanuria.

Calomel purgation, followed by salines, at the beginning. Cathartics must not be continued, however. High daily irrigations are useful, but results must not be expected for a considerable time. Resorcin, in six-grain doses four times daily, in peppermint water, is a good intestinal antiseptic. Eliminate meat from the diet, and substitute ripened milk. Potassium iodide sometimes gives good results. It is most efficacious where there is arterial degeneration, or syphilis. Carbohydrates cannot be given in excess, for they, too, will cause indican if employed. If diet regulation fails gelatin, in the form of jellies, may take the place of both proteids and carbohydrates. Liquor ferri et ammonii acetatis (Basham's mixture) is reputed to act well. The dose should be four drachms (15 c. c.).

Inoperable Cancer.

The pains of inoperable cancer may be considerably relieved by aspirin. Give ten grains every two or three hours. In some cases it will be possible, thru its use, to dispense with the more powerful anodynes.

To Acidify the Urine.

To render the urine acid, (as when phosphatic calculi are present)—Give ten grain doses of sodium or ammonium benzoate. Boric acid in ten-grain doses will also render the urine acid. Hexamethylenamin increases the acidity of the urine, in addition to its alleged lithontriptic effect.

Tuberculosis of the Kidney.

Pending operation for tuberculosis of the kidney.—Give urotropin in eight-grain doses twice daily. It will lessen the bacilli, or they may even disappear, and the general health will be maintained.

Amyloid Kidney.

This may be suspected when albuminuria makes its appearance in a patient, the subject of long continued bone disease or syphilis. Radical surgery in the case of the former may be called for. Hygienic and dietetic treatment must be addressed to the rejuvenation of the general health. In the presence of

syphilis push mercury and potassium iodide, but *don't* give salvarsan.

To Lessen Arterial Tension.

Give one-half grain (0.03) of erythrol tetranitrate every six hours. If prescribed in pill form magnesia or kaolin must be employed as excipients, on account of its explosive properties when mixed with oxidizable substances. On the market there are one-half grain tablets, e. g., Merck's.

In Renal Edema.

For the edema of kidney disease (chronic parenchymatous nephritis).—Ten grains three times daily of theobromine and sodium salicylate (diuretin) and a diet free from salt—dechloridation—will clear up most of the edemas. Of course we mean comparatively free from salt. Such a diet would consist of bread made without salt, beef and potatoes, of each ten ounces, unsalted butter to be used in cooking these articles.

It is said that tannalbin will lessen albuminuria in acute nephritis. Four grains should be given per dose.

Hay's Method For Removing Pleuritic Effusions.

Dissolve two ounces of magnesium sulphate in an equal amount of boiling water. After cooling give on an empty stomach at bedtime. Allow no fluids before noon of the next day. The efficacy of this treatment will be much enhanced if salt is withdrawn from the diet. This is based upon the fact that serous fluids require at least seventy-five grains of sodium chloride to the quart to prevent osmosis into the blood. Such osmosis is expedited if the salt is restricted.

In Acute Fibrinous Pleurisy.

Don't blister or cup in acute fibrinous pleurisy, and don't strap the chest. The first two measures favor exudation and permanent adhesions resulting therefrom. The last directly favors firm adhesions. These adhesions prevent aëration of the lung and favor tuberculosis. Apply an ointment consisting of oil of turpentine, salicylic acid and lanolin, of each one drachm, and simple cerate five drachms. Tincture of iodine may be used. An ointment of chloral hydrate, camphor and menthol, of each fifteen grains, and an ounce of simple cerate, makes a good application. Don't give a hypodermic if it can be avoided.

In pulmonary syphilis the iodides are not of much value. Mercury should be pushed, preferably by inunction.

For Emphysema:

℞ Potassii iodidi ..... ℥ ii;
Tincturæ belladonnæ ..... ℥ iii;
Spirit. ætheris compositi..... ℥ i;
Fluidextracti pruni virginianæ ..... ℥ i;
Syrupi ..... ℥ vi;
Aquæ destillatæ ..... q s. ad ℥iv.
M. Sig. : One teaspoonful every four hours.

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In Tachycardia.

For tachycardia occurring in neurotic subjects try bornyval (bornyl isovalerate) in six minim doses in capsules every half hour. Tincture of aconite in five minim doses is sometimes efficacious.

In pruritus ani paint the affected parts with a two per cent. solution of nitrate of silver. It is far more effective than any ointment.

In the insomnia of heart disease give twenty grains of sodium bromide in hot milk an hour before retiring. For the dyspnea give opiates in small doses. For the epigastric pain apply an ice bag.

Ten drops of the saturated solution of potassium iodide t. i. d., should be given in arteriosclerosis of the ordinary type. In the syphilitic cases the dosage must be large.

Large doses of quinine at the beginning of a pneumonia may abort it, or at least lighten its course. Galbraith gives eighty grains the first day (bisulfate), fifty the second, and twenty-five the third. Stop at this point if the desired effect is not attained.

In putrefactive conditions in the intestines try hexamethylenamin or the sulphocarbolates in five grain doses. Betanapthol in the same dosage is also efficient.

A one per cent. solution of atropin will deaden sensation in a fissure. Oil enemata will make defecation less painful. A good suppository is the following:—

℞	Bismuthi subnit	6.0	grams.
	Resorcinol	0.5	"
	Balsam Peruv.....	1.5	"
	Ol. theobrom.	19.0	"
	Ung. cerat.	2.5	"

M. f. suppos. no. XII.

To prevent typhoid relapses have the patient wear cotton gloves when feeding himself, a fresh pair to be used each time. Also caution against placing the fingers in or near the mouth. It is well to remember the infectivity of the urine. Included among the measures against relapse should be the administration of urotropin.

In the intestinal hemorrhage of typhoid elevate the foot of the bed, pack the abdomen with ice, and give laudanum in ten-drop doses. Tannalbin in 15 grain doses is a valuable astringent in this condition. Calcium lactate in twenty grain doses makes the blood more coagulable.

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The drinking of very hot water is an excellent measure in the treatment of renal insufficiency. It will often increase the quantity very notably where drugs act poorly, and the morning headache will be lessened markedly. Give a tumblerful three or four times a day.

Where it is not expedient to employ the hot bath in the treatment of mania give scopolamin (hyoscin) in doses of 1/100 of a grain to 1/30 of a grain, combined with ¼ grain of morphine every four hours if needed. Profound sleep may be so induced and it will be necessary to watch the respirations, which may safely be allowed to run down to six in the minute, provided the pulse does not go below 50. The breathing is apt to be a bit stertorous and jaw may have to be held forward, as in anesthesia.

A safe analgesic for neuralgia:—

℞ Quininæ bisulfatis 0.4
Sodii bromidi 1.0
M. f. chart no. I. Sig. Dissolve in hot water and drink.

If the patient objects to the taste, which is horrible, let him take the drugs in 2 capsules.

To Abort A Cold In The Head.

℞ Balsam of Peru ..... gr. xii;
Lanolin ..... gr. lxxv;
Petrolatum ..... ℥ iiss.
M. Sig. : To be used every hour, a little being inserted into the nostrils each time.

Falkenstein reports that hydrochloric acid relieves the pains of gout without the diet or habits or mode of living being changed.

Salicylates in Gout.

Magnus-Levy thinks that the salicylates are better in gout than colchicum, for, while they act more slowly, they increase the output of uric acid by about seven grains daily, while colchicum has no such effect—indeed it seems to interfere with the elimination of uric acid. The alkalies have no effect in the way of facilitating the output of uric acid, nor is it true that they dissolve concretions of urates. The efficiency of certain mineral waters is ascribed by Magnus-Levy to radioactivity and not to the content of salts.

In High Blood Pressure.

The high blood pressure which leads to arterial disease is occasioned by toxins. The chief sources of these toxins are nitrogenous bodies. Meat and eggs are the chief representatives of these bodies. The toxins act as vasoconstrictors. These patients should be put on a milk and vegetable diet, alcohol and tobacco should be interdicted, a saline administered every morning, with an occasional mercurial purge, and potassium iodide prescribed. The vasodilators have a more prolonged action in

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the presence of arteriosclerosis than under normal conditions of the vessels. Nitroglycerin and spirit of nitrous ether are useful drugs for vasodilation. Sodium nitrite is efficient, slow in action and prolonged in effect. We are not at all partial to this drug, however, having seen it produce much cyanosis and depression.

BOOK REVIEWS

CASE HISTORIES IN PEDIATRICS. A collection of histories of actual patients selected to illustrate the diagnosis, prognosis and treatment of the most important diseases of infancy and childhood. By John Lovett Morse, A.M., M.D., Assistant professor of pediatrics, Harvard Medical School. W. M. Leonard, Publisher, Boston, 1911. Price, cloth, $3.00.

We agree with the author in his belief that the method of case teaching is far superior to recitations, quizzes and conferences. Memory alone will not suffice; the student is bound to think.

Dr. Morse's book comprises one hundred actual histories of cases. Each history is presented under the captions, History, Physical Examination, Diagnosis, Prognosis and Treatment. Diagnosis is thoroly discussed by naming diagnoses which might with some reason be made, and eliminating each in turn by careful reference to clinical signs and symptoms, the final diagnosis being that which cannot be set aside and which all symptoms support. Treatment has received most attention. Both diagnosis and treatment have in each case been verified by subsequent history and are hence without error.

Tho the phrase sounds hackneyed, still we must say that no general practitioner, no pediatrist should fail to purchase and study Dr. Morse's valuable and original book.

TANNER'S MEMORANDA ON POISONS. 11th edition P. Blakiston's Son & Co., Philadelphia. Price 75 cents. This is a condensed manual of toxicology, and the fact that it has reached the eleventh edition attests its popularity.

PLASTIC AND COSMETIC SURGERY. By Frederick Strange Kolle, M.D., 511 pages. With one colored plate and 522 illustrations in text. D. Appleton & Co., New York, 1911. Cloth Price $4.00.

Cosmetic Surgery has until recently been in the hands of quacks and of medical institutes, who often injured the patients irretrievably. Regular surgeons are now recognizing that the desire for an operation for merely cosmetic improvement is a perfectly legitimate desire, and we therefore see more surgeons paying attention to cosmetic and plastic operations than was formerly the case. The volume before us covers the ground very thoroly, and will be found extremely useful to those who are interested in this special branch of Surgery.

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LETTERS TO THE EDITOR

The Effects of Continence on Woman.

Editor CRITIC AND GUIDE:

In the last issue of the CRITIC AND GUIDE, you give an admirable paper on the effects of celibacy on men, but you seem to know nothing of the feminine side of the question. Naturally, for after all, it requires a woman to tell the story of her sex. It is not true that celibacy affects women only for a short time and that marriage is the cure for all ills. Is not this an unscientific assertion in the first place? If one should starve a number of years, and then begin gorging one's self for the next few years, would there not have been the effect of starvation which would have marred the body for life? I am sure it would have.

Women are more psychic in their sex relationship. They suffer in other ways than men, but the marks are there,—indelible—and no satiety in later life can eradicate the effects of an earlier life. If celibacy on the part of man leads to impotence, celibacy on the part of woman leads to atrophy. So many men misunderstand women. They imagine because women are not so ready for their embraces that they are, therefore, "cold." Two things must be kept in mind. In the first place, the art of dissimulation and modesty has been taught for so many centuries that it has become second nature; secondly, women are more exacting in their demands and require a great deal of affection and idealism. Their sex emotion works thru other channels, but in the last analysis women are as intensely passionate and as permanently injured by celibacy as men are.

Sincerely,

ANNA.

The "Critic and Guide" A Life Saver.

Dear Doctor:—Enclosed $1.00 for your critical and guiding monthly, which I devour with gusto at each arrival. Because its editor is fearless, honest, progressive,—a genuine doctor of medicine. Also, a genuine writer and philosopher with a head and heart working in harmony for the benefit and uplift of quack-ridden, priest-ridden, money-daft humanity today.—Your reliable CRITIC AND GUIDE has, by one of its therapeutic suggestions, already put over $300.00 in my pocket since last July, and has coincidently saved five human lives. My gratitude is therefore cordial and lasting. May all earthly blessings increasingly be yours.

Most fraternally,

K. M. TEIGEN, PH.D., M.D.

1120—26th Ave. N.

Minneapolis, Minn.

Dear Editor:—I take so many journals that once in a while I have to adopt the "discard" process, but somehow or other your CRITIC AND GUIDE always escapes the eliminated class. I can't lose it. I know you are an Insurgent, but you are the kind that ought to live a thousand years. You are right, everlastingly right on the sex problem, the social evil, etc. Your essay of last month on how to handle prostitution was a masterpiece, and ought to be read by every minister and every intelligent citizen in the country.

W. E. BLACKLIDGE, M.D.

Kokomo, Ind.

"The CRITIC AND GUIDE is the best and only medical periodical to-day that I do not want to be without."

J. W. SEIP, M.D.

Erie, Pa.

The CRITIC AND GUIDE:—Permit me to express my admiration and approval of Dr. Robinson's intelligent discussion of the medical and other shams, and for his frank and fearless words on sex subjects. I am delighted to see that there is one man who has the intelligence and experience to discuss these matters publicly without either cant or hypocrisy on the one hand, nor indecency on the other. I wish him God speed in his great work.

C. E. EHINGER, M.D.

State Normal School.

West Chester, Pa.

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Dear Doctor:—Keep on with your great work. Such men as you are needed at this time to expose hypocrisy and puncture frauds.

F. H. MORSE, M.D.
Brooklyn, N. Y.

Editor CRITIC AND GUIDE:—I have just read your editorial "My Fair Unknown Admirer" in the March issue, and I would feel that I was indifferent to one of the greatest principles of humanity—Sympathy—did I not say that I think she did a real act of love when she gave you such warm words of encouragement. Whoever she is, she is running her life on a broad gauge track, and will always find that life is worth the living. The greatest trouble with folks is, they are too timid. They are afraid they will say something that will be out of place or that will arouse criticism. In other words, they are too well satisfied with the artificial, and not anxious enough for the real things of life.

Now, what this lady did for you we all should be willing to do for each other. She only did what she could to help you in your fight for the truth, and I would add, "them's my sentiments too." Let the good work continue.

ALBERT H. THORNBURGH, M.D.
West Plains, Mo.

Dear Doctor Robinson:—Enclosed find check of $3. for four years subscription to the CRITIC AND GUIDE, which, I assure you, is immensely enjoyed by me. This in itself is a very poor recommendation for the other American papers, which in their editorials are so dull and many times going into stupidity.

Your strong whip is not liked very much by many of our colleagues but I would be proud, should I be in your position.

With best thanks for your work

I remain, yours,
M. L. FREUNDLICH, M.D.
New York.

CRITIC AND GUIDE:—Enclosed please find three dollars for four years for CRITIC AND GUIDE. And I just want to tell you that while I take several Journals, I would dispense with all of them rather than the CRITIC AND GUIDE. It really is just indispensable, and I would not know how to run my office without it; as you know I have been a reader of it for many years, and I am glad to tell you that each year it is getting better and better.

Yours very truly,
M. BONNET, M.D.
Denver, Colo.

Dear Doctor:—You will please find enclosed check for $5.00. When it runs out let me know as I am a subscriber for the CRITIC AND GUIDE so long as you continue to give them Hell.

You are a doctor after my own heart.

H. G. BONWILL, M.D.
Camden, N. J.

Dear Editor:—Enclosed find check for $3.00 for four year's subscription. I don't think I ever enjoyed anything quite so much as I did your editorials and editorialettes in the March number. Especially your answers to Upton Sinclair and Dr. L. B. Sperry. I could just shake your hand and say, Go it, old boy!. It certainly does my heart good for some one to speak what they think.

Yours everlastingly,
BERNICE F. KEENAN, M.D.
Elizabeth, N. J.

Dear Doctor:—Can't possibly do without your independent magazine. Agree with you in everything.

GERTRUDE T. BODFISH, M.D.
Boston, Mass.

Dear Dr. Robinson:—Enclosed find check for ten dollars ($10.00) for a life subscription to your valuable little paper, "The CRITIC AND GUIDE."

JNO. M. A. LAUE.
Portland, Ore.

Dear Doctor:—Enclosed check of $10.00 pays for life subscription to the CRITIC AND GUIDE.

CHARLES V. CROSS, M.D.
San Francisco, Cal.

Editor CRITIC AND GUIDE:—Enclosed please find check for $2.00 for subscription to the CRITIC AND GUIDE and copy of "Never-Told Tales." My *heartfelt thanks* for the pleasant and interesting moments afforded thru your journal. Would that more were like it.

MAURICE A. STURM, M.D.
New York.

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PRAISED BY SOME, BLAMED BY OTHERS, DISDAINING THE FOOLS, BRAVING THE WICKED, I HASTEN TO LAUGH AT EVERYTHING . . . . FOR FEAR OF BEING OBLIGED TO WEEP

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

1 year, $1.00 · Single copy 20c. · Foreign $2.00

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

VOLUME XIV. MAY, 1911. No. 5

EDITORIALS AND EDITORIALETTES

MEDICINE OF YESTERDAY VERSUS MEDICINE OF TO-DAY.

From the very earliest beginning of our civilization there existed a class of men who possessed, or more correctly, claimed to possess, a knowledge of how to cure and alleviate human ills and ailments. And from the very beginning of their activity those men, whom for convenience sake we will call the medical profession, tho, of course, unworthy of that title, had their detractors. Jokes about doctors, stories about their ignorance and anecdotes about their wrong diagnoses and false treatment are of the most antique antiquity. And very naturally so. For physicians at that time did make wrong diagnoses, did apply false treatment and undoubtedly did dispatch some patients to their ancestors earlier than they would have joined them without medical aid.

But how could it be otherwise? The animal, particularly the human organism, is a most complex piece of work; it is a most wonderful, most delicate piece of machinery; a piece of machinery that cannot, unfortunately, be unscrewed, taken apart, examined and then put together again, like a clock, a sewing machine or an electric battery. The nature of the pathological process which we call disease is even now not fully understood; anatomy was in its infancy; physiology was only guessed at, and mostly wrongly guessed, while pathology and bacteriology were absolutely non-existent. Nor did they have the means and instruments of precision that are now at our command—

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the stethoscope, the cystoscope, the microscope, the test tube and chemical reagents were even undreamed of. Is it any wonder that the doctor of former days made mistakes, mistakes of omission and commission, and blundered about the best way he could? Nobody can be superior to the knowledge of his times—the physician no more than the mechanic, the electrician, the astronomer, or the navigator. And I frankly admit that the sarcasm directed against the ignorance of the oldtime doctor was fully justified, tho ill-deserved. The ignorance was there, but it was ignorance that was natural, unavoidable. At that stage of our knowledge the greatest genius could not have divined the nature of disease and have suggested more effective remedies.

But medicine of to-day is different from medicine in the ancient times; it is different from medicine of a hundred years ago; it is different from medicine of fifty years ago. And the difference is not one of degree merely; the difference is one of kind. Medicine is now becoming a science, and tho as a science it is barely half a century old, it has already accomplished marvels. I wish to emphasize the very young age of scientific medicine. Tho it is perfectly true that surgery began its real development and accomplished its greatest feats during the latter half of the nineteenth century, after the introduction of anesthetics and antiseptics, still surgery was practiced in former centuries, and pretty good surgery at that. But real scientific medicine, medicine that has been using the same methods that the other natural sciences have, medicine that has taken physics and chemistry as its handmaids, medicine that is employing the experimental, deductive methods, medicine that can foretell results with positiveness, medicine that does not confound post hoc for proper hoc, medicine that in its diagnosis does not depend upon intuition, but upon scientific instruments of precision—that kind of medicine is not half a century old. And what we have accomplished in this brief period is truly marvelous! The layman can have no conception of the difference between medicine of today and medicine of half a century ago. Half a century ago we knew the real causes of but very few diseases; now we know the causes of practically every disease. To mention but a few: Within this brief period we have discovered the cause of typhoid fever—the bacillus Eberth; the cause of diphtheria—the Klebs-Loeffler bacillus; the cause of malaria—the plasmodium malariæ; the cause of tuberculosis—the Koch bacillus; the cause of gonorrhea—the gonococcus of Neisser; and the cause of syphilis—the spirochaeta of Schaudinn. This, of course, is of tremendous importance, for you cannot fight a disease successfully until you know its real cause. In the domain of diagnosis the strides we have made cannot be characterized otherwise than truly remarkable. There is hardly an obscure disease of any of the internal organs, or of the blood, or of the curious ductless glands (whose physiology and pathology, by the way, are but of yesterday) that we cannot now

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diagnose with certainty. Of course, not every practitioner is so expert at diagnosis, but when we speak of the standing of a science, we judge by the achievements of its highest exponents. When we speak of the accomplishments of electricity we do not measure it by the skill and knowledge of "John Smith, electrician and bell hanger," but by the achievements of an Edison, a Roentgen and a Marconi. Yes, our knowledge of diagnosis has made wonderful progress and among our diagnosticians we count many 100 per cent. men, i.e., who make no mistakes, who diagnose correctly 100 times out of every 100.

Have we made similar progress in therapeutics, i.e., in the treatment of disease? No. The cause of this is a twofold one. First, experimental scientific therapeutics is of still younger age than is the scientific investigation of the causes and diagnosis of disease. We first had to find out the causes of the various diseases, their real foundation, and to learn how to diagnosticate them, how to distinguish them from one another, before we could hope to cure them successfully. This is the reason why scientific therapeutics is of such recent date. And, second, some diseases are incurable and will always remain so, tho we are certain the number of incurable diseases will gradually become smaller. But to believe that we will be able to cure perfectly all diseases is absurd. You can break a toy, a watch, a common piece of machinery beyond the possibility of repair. Why demand that we be able to restore to perfect integrity a delicate mechanism like the human body after it has been abused and outraged for a quarter of a century by alcoholic poisoning, overeating, by autotoxemia, by the virus of syphilis? If you dilate your heart, harden your arteries, shrink your kidneys, petrify your liver and soften your brain by various extraneous or autogenous poisons, or by physical or mental overwork, you cannot expect us to put new sets of organs into you and make you as fresh, soft and supple as a newborn babe. We can prolong your life, we can make your last years more or less comfortable—and that is something—but we cannot abrogate the laws of nature and you should not expect us to do the impossible. And here is where the quack reaps his richest harvest. The competent and conscientious physician, knowing the nature of an incurable malady, often considers it his duty to present to the patient, or at least to his relatives, the seriousness of the condition. And if asked by the latter he will often tell the truth, namely, that there is little or no hope of a cure. The ignorant and generally conscienceless quack, who is not familiar with the difference between a mild ailment and a chronic fatal malady (the subjective symptoms of the former are often more severe than those of the latter) will blatantly and self-assuredly promise a cure—and pocket the money. And often the self-assurance of the quack, by inspiring the patient with hope, will temporarily improve the symptoms, will make him believe that he feels better—but the end is generally hastened.

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To recapitulate: The discoveries in the field of etiology, diagnosis and treatment of disease have been most marvelous during the brief period that medicine has been employing the scientific methods of investigation. And nobody can foretell what the future has in store for us. The most enthusiastic may fall behind the mark in his predictions. If anybody had told us a few months ago that we would soon have a remedy one injection of which would be capable of practically destroying the entire invading army of spirochaetae pallidae, the germs that cause the dread syphilis (tho this does not mean curing the disease absolutely in every case), we would have laughed at him. But this is now an accomplished fact.

And I say that all the jokes about the doctors, all the tirades against medical science, are now unjustified and out of place and should be left to the cheap vulgar quasi-wits and the must-make-a-living-at-all-costs-penny-a-liners. Not that physicians no longer make mistakes, not that patients are no longer treated imperfectly or wrongly, but these cases sink into utter insignificance when compared with the thousands, with the hundreds of thousands of cases that we restore to health, to life, to usefulness every day. Yes, the cases that we, by the aid of modern medicine and surgery, snatch from the very jaws of death every day in the year overshadow a million times the errors committed in the practice of medicine, errors practically unavoidable in any line of complex human activity. Errare humanum est.

But we are as certain as we are certain of human progress in general, that as the years go by, the mistakes will become fewer and fewer, the achievements greater and greater, and medical science, i.e., true scientific medicine, based upon solid facts and proved experimental data, will become one of the greatest beneficent forces in the general uplift of humanity, the greatest factor in increasing the sum total of the happiness of mankind. It will not only be efficient in curing diseases, but it will be a powerful weapon in preventing disease, in prolonging life and in making life happy and enjoyable as long as it lasts.

More than that: By pointing out the conditions indispensable for a healthy life, by proving that under our present economic conditions the most advanced medical knowledge is often powerless to prevent disease or to effect a cure, it will contribute powerfully toward the advent of that changed social system, of which all good people are hoping.

And as medicine advances quackery will recede—as the dark night recedes before the approaching dawn—until it will disappear altogether from the face of earth.

May we all hasten the day.

THE CARE THAT IS NEEDED IN DIAGNOSIS.

Danton said that in fighting tyranny we must have courage, more courage and still more courage. I would say that in fighting disease we must exercise care, more care and still more

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care. It is so easy to slip up. The history is so apt to be incomplete or positively misleading that only by eternal vigilance can we escape mistakes and blunders.

A very interesting case is related by Dr. Richard C. Cabot, who is surely one of our most foremost diagnosticians.

A married woman of thirty-two consulted Dr. Cabot, accompanied by her physician, who was an intimate friend of the family. The diagnosis was splenic anemia, and the problem presented to Dr. Cabot for consideration was whether splenectomy should be done.

The patient's complaints were of general weakness, languor, and a dragging sensation in the left axillary region. A slight continued fever was found to be present. The spleen reached almost to the navel, and appeared to be unusually immobile, perhaps owing to the presence of adhesions. Visceral examination was otherwise negative. The blood showed 3,500,000 red cells, 8,000 leukocytes, 45 per cent. of hemoglobin. The differential count showed nothing worthy of note. The red cells showed in the stained smear a marked achromia with slight variations in size. No nucleated red cells were seen.

The patient was advised to enter the hospital for more careful study, and probably for an eventual splenectomy. She delayed, however, nearly three months before accepting this suggestion. Meantime there had been a considerable accumulation of fluid in the abdominal cavity, and tapping had already been required about two weeks before her entrance to the hospital.

A re-examination of the patient at this time showed, except for the ascites, no especial change as compared with the condition previously found, altho the anemia had slightly increased. The temperature continued slightly elevated, the pulse, respiration, and urine normal. Blood-pressure, 125. Altho it was feared that hepatic changes might have progressed so far as to prevent the splenectomy from relieving her symptons, she was apparently going on from bad to worse in spite of all that good hygiene and the administration of iron and arsenic could do; hence it seemed best to go on with the splenectomy, perhaps preceding it by a direct transfusion of blood.

At this juncture the patient happened to mention that she had been troubled for a long time with catarrh and cold in her head. "It has been there so long," she said, "that I am getting quite used to it; but a little while ago, as I was blowing my nose, something came away, and I noticed that there was a passage from one nostril to the other, inside."

Following up this hint, it was learned that she had had "some sort of skin disease" in her scalp, as a result of which there were still marked unevennesses over the cranial vault, tho the skin was wholly normal. No other evidences of her previous syphilis were demonstrable either in the history or in the physical examination, but the facts seemed to warrant an immediate abandonment of the plan for splenectomy and a thoro trial of

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antisyphilitic treatment, which she had never had. As a result of this the patient gradually returned to perfect health, the spleen diminished to one-quarter its former size, the anemia and ascites disappeared, and the patient was enabled to take up her usual mode of life.

And so the woman's life was saved, one might say, by mere accident.

This case teaches another lesson. The possibility of syphilis should always be borne in mind, especially in women. For it is a well-known fact that a woman may be infected with syphilis by her husband, without her knowing it, the primaries may be lacking altogether (or a chancre on the cervix may pass altogether unnoticed by her) and the secondaries may be so mild, that she may be perfectly honest and sincere in assuring us that there was never anything the matter with her.

Thousands of women carry the syphilitic virus in their system without being aware of it in the least. Only the husband and the doctor may know it.

THE MEDICAL PROFESSION MUST CHANGE ITS TACTICS.

He who is not a frequent visitor to radical clubs, does not come in contact with newspaper men, with New Thoughters, and does not read regularly the numerous naturopathic, health culture and physical culture journals, and other allegedly advanced publications, can have no idea how the medical profession is ridiculed, how it is maligned, how it is lied about, how it is misrepresented, how it is "knocked" on every possible occasion.

We are pictured as ignoramuses, grafters, butchers, anxious to operate whether there is a necessity or not, drug dopers, etc., etc. We are denounced as a trust, monopoly, and any attempt of ours to organize, to pass laws protecting the public health is characterized as an attempt at class legislation, a desire for special privileges, inspired by our fear of competition, by our fear of the superior skill of our irregular rivals.

And the average physician who has not given the matter any thought, has no idea what effect these unceasing slanders and persistent lies have on the public mind, how suspiciously a large part of the public is beginning to look at the medical profession, how we are losing the confidence of the people, how the ground is slipping from under our feet.

As an illustration we need only mention the reception that has been accorded to the suggestion of a Federal Department of Health. The motives that actuate us and the objects of such a department were at once misrepresented, the people were made to believe that their freedom to choose a medical adviser was threatened, the forces of reaction and obscurantism, masquerading in some instances under the guise of liberalism, were quickly marshalled and in a short time a society was organized, which now claims a membership of one hundred and fifty thousand.

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We, physicians, are ourselves to blame. When the irregular, fantastic and pernicious cults began to make their appearance, we paid no attention to them. We thought they amounted to nothing, and would soon dry up and shrivel away of themselves. When the malicious attacks began to appear in the various quack publications, we remained silent. We considered it *infra dignitatem* to pay attention to them, and we thought that the public would have no difficulty in seeing thru their falsity and meretriciousness.

Our long and patient inactivity has been due to the false idea that truth will always triumph and error is bound to die. Yes, eventually. But if error is allowed to grow, and spread unhampered, while those who see the truth will not take the trouble to proclaim it and expose the error, then it can take centuries before the correctness of the truth and the falsity of the error will be perceived.

In this as in every other line of human activity prevention is immeasurably superior to cure, and the right way to fight error is not to permit it to get a firm foothold. Error and superstition are hard things to uproot after they have attained the dignity of a universal belief.

It is time that the medical profession change its tactics and assume a wideawake, militant attitude. It is time that we actively attack error wherever it shows its head. By reading papers before lay audiences, by participating in discussions, by writing to the newspapers, by refuting the false arguments of the false prophets wherever they appear, we can do much toward destroying the influence of the quacks and their irregular cults. In short, we must throw off our exclusiveness, we must go out to the public and take it into our confidence.

The truth is with us—that we know; only we must not hide it under a bushel, and expect that its light will, without any effort on our part, penetrate into the darkest recesses of ignorance and quackery.

WILLIAM J. ROBINSON, M.D.,

President of the American Society of Medical Sociology.

The above appeared in thirty or more representative medical journals, and we are glad to say is already showing its effect. A number of physicians have written us, expressing their full agreement with our position, while others have sent us clippings from their local papers, showing us that they have already acted on our suggestion.

Let the leaven work.

PROGRESS IN THE VENEREAL PREVENTION CRUSADE.

We are pleased to see that several journals have at last considered it safe to approve the CRITIC AND GUIDE'S attitude

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on the Venereal Prophylaxis problem. Preaching continence is all right, but a real venereal prophylactic is far better. The editor of the St. Paul Medical Journal, a staid, conservative and very respectable publication, came out boldly for genuine venereal prophylaxis in his March issue. Referring to the remarkable results obtained in the Army and Navy by the use of venereal prophylactics he says: "This is a most remarkable showing, and when these facts become generally known in all communities, we confidently predict an immense reduction in the number of cases of these diseases. We are of the opinion that no false sentimentality or moral prejudice should prevent these facts from being known and that public hospitals and dispensaries should be equipped to offer these simple measures of prevention to all those who cannot afford to obtain them from their own physicians. We must remember that the great menace of venereal disease is to the innocent women and children who are infected by those who have first received their infection from prostitutes, and the utter failure of educational and moral influence to so change human nature as to very greatly reduce the number of voluntary exposures among men, makes it a duty which cannot be avoided, to offer protection to these men so that the women and children may escape. While we foresee a tremendous storm of protest against these views from the sentimentalists and moralists, who will declare that if we take away the danger of venereal disease, we will see a tremendous increase in the patronage of prostitution—and while we are not prepared to say that such may not be the case, we still believe that the logic of the situation admits of no other course of action. As physicians, or guardians of the public health, it is our duty to prevent disease in every possible way—no matter how that disease may have been acquired. Surely no one will deny this. Venereal diseases constitute one of the greatest dangers to the health and to the happiness of the people, and since a very large proportion of cases are innocently acquired it certainly becomes our duty to make use of every possible means to prevent them. Let the crusade against prostitution by educators, philanthropists and moralists proceed as vigorously as possible, but let physicians spread abroad the knowledge of venereal prophylaxis so that the physical results of prostitution may be less deadly."

We have been saying this for many years, but the conservatives shrugged their shoulders at our heresies. Well, it is good to be able to report: The world is moving.

But we have still another very great missionary work before us. There are still a lot of old maids of both sexes who want to make us believe that black is white, that there is no such a thing as sexual instinct, or "physical necessity," and who still assert that they prefer "syphilization of the body to syphilization of the mind" and who consider illicit intercourse a criminal offence.

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"THIS DATA."

With the permission of my journalistic friends I will protest against the use of the word *data* as if it were a singular noun. In one morning I met this misuse three times, and I regret to say that one of the times was in a printed communication from the office of the A. M. A. *Data* is plural from *datum* and should never be used in the singular. "This data is necessary" is as wrong as can be. Make it next time: These data are necessary.

And speaking of wrong usages: *per orem* shows ignorance and lack of culture; make it *per os,* and instead of bête noir, make it bête noire, for bête is feminine. Either use no foreign expressions at all, or if you like to use them, make sure that you are right.

"UN-AMERICAN."

This is a phrase dear to a good many dear people. Not only the jingoists and chauvinists, but many otherwise estimable people, when unable to offer any valid argument, will reply that they oppose a certain thing or theory, because it is Un-American. To use the word Un-American as an opprobrious term *per se* means to imply that *everything* American is unqualifiedly good, noble and right. Such a conception will be entertained only by the most confirmed chauvinists, and no man claiming to be a rational thinker should be guilty of such an absurdity. Never mind whether a thing is American or Un-American. The question should be: Is it right, is it rational, is it sane, is it true?

Aside from the fact, that in my opinion no moral or ethical issue can be American or Un-American, no more than a mathematical problem can be American or Un-American, let us bear in mind that the jingoists, reactionaries and obscurantists of every nation, always make use of the term Un-National in their opposition to the progressive elements. When the French radicals propose a measure, the royalists and puppies of the Boni Castellane type, cry: Un-French. The same in England. The same in Germany. In China the proposal of the progressives to cut the pigtails is violently opposed on the ground that it is Un-Chinese. And even in Russia the murderous scoundrels who call themselves the "Black Hundreds" and who wantonly maim and kill innocent men, women and children oppose every progressive movement, every liberal suggestion on the ground that it is Un-Russian.

Let us hope that in the future our friends will leave the word "Un-American" to the confirmed jingoists. *They* need it, for they have not the brains to present a real argument.

For instance, when we advocate the medical supervision of prostitution, we will expect to have a stronger argument than the one comprised in the word Un-American.

When we say that complete sexual abstinence is injurious, we will expect that our friends will be ashamed, in the future, to oppose our statements on the ground that it is Un-American.

For that is no argument at all.

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THE DISCUSSION ON FASTING, ON SCIENTIFIC MEDICINE VS. QUACKERY, ETC., BETWEEN MR. UPTON SINCLAIR AND DR. ROBINSON.

Here are the two last letters of the Sinclair-Robinson Discussion. See THE CRITIC AND GUIDE for March and April.

ON FASTING.

Dr. Robinson's last letter concerning my ideas on fasting was a good joke. It had only two faults: First, it was rather long; a joke ought to get into less space than a newspaper column. In the second place, it is about two thousand years old—"Satan said, 'If thou be the son of God, cast thyself down from this cliff.'"

I do not believe that I would run any risk in making the experiment that Dr. Robinson suggests, but I am too busy and have other things to do in my time. I never said that fasting was no trouble; on the contrary, a complete fast takes a great deal of one's energy and attention, and I have more important things to do. It seems to me there are people enough afflicted with disease in the world, and Dr. Robinson can experiment upon them. If I find a person suffering from syphilis and willing to take a fast, will he agree to examine him before and after the cure? If so, I think the arrangement can be made. I have cured myself of colds, sore throat, grippe, headache and stomach trouble by fasting, and that was all I had to be cured of. I have seen enough of other cures to be satisfied, and I am willing to wait for the truth to spread.

Among my most intimate friends I number one person who was cured of a supposed-to-be-fatal goitre by fasting, another who was cured of deafness, and another of chronic and desperate rheumatism. These things are facts, and it does not make any difference how long it takes Dr. Robinson to realize them.

As to what Dr. Robinson says about tuberculosis, I can only say that there is no possible connection between fasting and "under-nourishment." Fasting is a treatment undertaken for a definite time and for the purpose of cleaning the system. "Under-nourishment" involves the poisoning of the system thru the introduction of improperly balanced foods. For instance, dogs will die in a couple of weeks if they are fed on white flour products exclusively. On the other hand, they will survive for three weeks and more without any food at all, and exactly the same thing is true with human beings. As for tuberculosis, I do not recommend fasting in these cases, simply because I know of an easier cure. The cause of tuberculosis is the presence in the blood of the products of starch and sugar fermentation. Any one who will go on a diet exclusively of broiled lean beef can cure himself of tuberculosis. Only the other day I received a letter from a man in Southern California, a chance correspondent, who had been dying, and who tried this at my suggestion.

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In two weeks he parted with nearly all the symptoms of tuberculosis in its last stages. I might add that there are several cases of cure of tuberculosis by fasting reported in the letters which I quote in my forthcoming book.

UPTON SINCLAIR.

New York, Feb. 16, 1911.

CHALLENCE RENEWED

And so Mr. Sinclair backs out. Of course, I knew he would. I have yet to meet one of the quasi, made-over-night "scientists" who possessed the real courage of his convictions, i. e., courage not only in words, but in deeds. But Mr. Sinclair backs out very ungraciously, very disingenuously. In his letter printed in today's *Call* (February 23), he pretends to treat my challenge as a joke. He knows very well that it is anything but a joke, and that I am in dead earnest about it. I am not a phrase maker and I do not talk for the sake of talking. When I say something I mean it. Men of science do not make statements which they cannot prove by actual demonstration, by definite experiments.

Mr. Sinclair says he refuses my challenge because he is too busy, and a complete fast takes a great deal of one's energy and attention. I ask the readers of *The Call,* is this an answer? What is a little time—a week or two—and a little trouble, in order to demonstrate a great truth to the world? Is Mr. Sinclair so devoid of altruism, that he will not devote a little time and undergo a little trouble to save humanity from "poisonous drugs, ignorant doctors, cruel operations," etc., etc.? I can hardly believe it. And just think what a boost that would give his "forthcoming book!" If his time is valuable and he is unable to do any work during his fast (tho I have heard the fasters boast that during their fasts their minds are so clear that they can do much more efficient work) I am willing to pay him, extra, say $200 or $300 per week.

I am sure that I am just as busy as Mr. Sinclair and my time is occupied just as remuneratively as his, but if I made a statement and was challenged to corroborate it, I would disregard any sacrifice of time, trouble or money, and would either prove my statement, or would confess manfully that I talked ignorantly and would hold my peace ever after.

Mr. Sinclair says that "there are people enough afflicted with disease in the world and Dr. Robinson can experiment upon them." I have experimented with fasting and light diet in many diseases before Mr. Sinclair ever gave the subject a thought. And I know just what fasting will do, in what conditions it will prove useful and in what conditions it will prove injurious and even deadly. But that is not the question. If I do not believe that fasting would be of the slightest benefit in syphilis,

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then I have no right to subject any one to useless and injurious torture. But Mr. Sinclair claimed that all diseases can to a certainty be cured by fasting a week or two, and he should be willing to prove it. But I will not be hard on him and will let him off, and will accept his suggestion. Let him present me with a syphilitic patient, one who suffers indubitably with syphilis, and if after two weeks' (or four weeks' or six weeks') fast the man is well, the thousand dollars is his. There are plenty of people suffering with syphilis and Mr. Sinclair should have no difficulty in persuading one to accept his advice. So many people with other diseases follow his advice—people with tuberculosis, with rheumatism, etc.—why can he not find one with syphilis to do the same?

Mr. Sinclair tells us that he has cured himself of colds, sore throat, grip, headache, and stomach trouble by fasting. This is wonderful. That is really something new. There is not a physician or an old woman who doesn't know that fasting, or abstaining from heavy diet, will be helpful in those conditions. Besides, how many thousands have cured themselves of a cold over night by a dose of quinine or phenacetin and hot lemonade? Why lose all one's energy by fasting? But these, which are minor ailments (with the exception of grip, which term is often used by the laity ignorantly for an ordinary cold), are very different from serious diseases like typhoid fever, pneumonia, kidney disease, heart disease, tuberculosis, syphilis, gonorrhea, etc., all of which conditions Mr. Sinclair first asserted could be cured by a fast of a week or two.

Mr. Sinclair likes to refer to cases of personal friends and correspondents who were cured of this or that by fasting or following a certain diet of his. All these testimonials are from a scientific point of view absolutely worthless. For is he not aware of the fact that every patent medicine and every miserable nostrum, which on examination were found to contain nothing but cheap whisky, morphine and cocaine, have numerous testimonials from people who assert that they were cured by them? Sure enough, many of these testimonials are fraudulent and made up in the offices of the patent medicine manufacturers, but many of them are genuine. But what do these testimonials prove? Nothing. Many diseases are self-limited, and the person taking the nostrums would have gotten well anyway without it, but as he got well while taking it he ascribes his improvement to that medicine. The ignorant and the semi-educated have not yet learned to beware of the *post hoc propter hoc* fallacy. And this is a pitfall which we all must avoid if we wish to reach honest scientific conclusions.

Then, again, a person may subjectively feel better for a time, while his disease is making further and further inroads. For instance, some of the fake consumption cures have testimonials from their victims testifying that they were improving and

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getting better under the medicine. The victims were sincere, for the morphine or cocaine stopped their cough, the atropine stopped their sweats, the strychnine stimulated their appetite, and they really thought they were better. But two weeks later they were dead and buried. The testimonials of Mr. Sinclair are of similar value. Not unless we have a scientific diagnosis of the patient's condition before the "cure" and not unless we can follow him up for some time after the "cure," have we a right to speak of the value of any kind of treatment.

Another pitfall into which the layman often falls is the pitfall of generalization. He sees one case of rheumatism cured under this or that treatment and he jumps to the conclusion that every case of rheumatism will be cured under that treatment. He forgets that we see 10,000 cases to his one. Sometimes we apply a certain treatment to a series of cases. In ten, fifteen, or twenty cases everything goes along beautifully and we feel elated, and we are ready to go into print and publish our wonderful discovery. And just in the very next five or six cases the treatment may prove a failure and our elation is over, and the paper we prepared for the medical journal goes into the waste basket. Is the layman also so careful in drawing his conclusions?

We ought all to be extremely grateful to Mr. Sinclair for his new etiology of tuberculosis. I am sure the world will be glad to know that "the cause of tuberculosis is the presence in the blood of the products of starch and sugar fermentation." To think of it! Since 1884 we were under the terrible delusion that tuberculosis was due to the tubercle bacillus. And we were under the delusion that we had isolated bacillus. And we were under the delusion that when we injected the tubercle bacillus into animals the animals got tuberculosis. And we were under the delusion that the tuberculosis patient should not spit all around for fear of spreading infection. And I believe that sanitarians and health board officials are still under that delusion and they have silly signs in the cars, elevated stations and other public places, warning against spitting on the floors. But I see it is all a mistake and Koch's picture as the discoverer of the tubercle bacillus should be turned to the wall.

Mr. Sinclair says that my challenge or joke is about 2,000 years old. I do not see that the age has anything to do with it. If a man makes a statement he should be willing to stand by it and prove it. If a man or woman believes that there is not such thing as matter, that nothing can hurt you, that all is mind, then he or she should have no fear to cast himself or herself down from a cliff. If a person asserts that there are no such things as germs and that germs cannot cause any disease, then that person should be willing to have a dose of germs injected into him. If there are no germs and if they can cause no disease, then what is there to fear? And still I have not yet had a single anti-germ quack accept my challenge. But, nevertheless, this

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argumentum ad hominem goes to the right spot and many quacks and quasi-scientists had to eat humble pie after such a discussion.

WILLIAM J. ROBINSON, M.D.

New York, Feb. 23, 1911.

[The challenge so far has not come to anything. Mr. Sinclair has not the courage to subject himself to the inoculation, and he is still looking for a subject. Besides, he insists that the fast be conducted in Quack McFadden's Sanitarium in Chicago. It is a thankless task to argue with people who have not the courage of their convictions. But the discussion in *The Call* has not been without results: it has shown for one thing how utterly misinformed and misled our cultured classes are on medical problems. And we have a gigantic missionary work before us.]

ETHICS OVERREACHING ITSELF.

It is a long time since we have had anything to say in THE CRITIC AND GUIDE regarding medico-pharmaceutical ethics, ethical proprietaries, etc. There are three reasons for this. First, we do not like to be continually harping on the same string; second, we have had much deeper and broader problems to discuss; third, the question of ethics, of proprietary remedies, of ethical advertising, etc., is now settling itself; it has practically been solved. But once in a while we come across a piece of asininity perpetrated by our well-intentioned but misguided and misinformed friends, which we cannot pass without comment.

Dr. Lawrence F. Flick, of Philadelphia, whose standing and reputation, one should think, are sufficiently well established, read a paper at the last annual meeting of the American Therapeutic Society. The title of the paper was Skin Inunction as a Therapeutic Measure, and in it he recommended the employment of europhen dissolved in olive oil in the treatment of tuberculosis.

The officer who had charge of passing the papers for publication coolly and deliberately eliminated the word europhen thruout the entire paper, substituting for it the words cresol iodide, which he probably thought were the exact synonym for europhen.

In a letter to the *Therapeutic Gazette* (March) Dr. Flick protests against the unwarrantable substitution—for that's what it is, substitution pure and simple, as reprehensible as in the case of a druggist who substitutes an inferior or a different article for the one prescribed. He writes:

"In my original manuscript I recommended the use of europhen by skin inunction in tuberculosis, but the editor of the *Monthly Cyclopedia of Medicine* [we understand it was not the Editor's, but the Chairman's fault.—W. J. R.] saw fit to change the word "europhen" in the manuscript to "cresol-iodide" without my knowledge and consent, with the result that an entirely erroneous impression has been given to the profession as to my method. Furthermore, I am told that cresol-iodide cannot be purchased in this country, and in any event I have no knowledge of its therapeutic value. I will appreciate it very much if you

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will call the attention of your readers to the fact that in my original manuscript the word "europhen" was used everywhere where the word "cresol-iodide" appeared."

The manufacturers of europhen, in commenting upon the affair, justly say:

"It is very regrettable that the unfamiliarity of the Chairman with the chemistry of the newer materia medica should have led to such an error, which practically nullified the value of Dr. Flick's article as originally published, and in the case of some other drug might have proved of serious consequence.

"This occurrence serves to illustrate the perniciousness of the policy of many medical journals of replacing the names under which the newer synthetics are commonly known by unfamiliar, misleading, meaningless and even erroneous chemical designations, under which they are neither prescribed by physicians nor dispensed by pharmacists."

It is to the last paragraph that we wish to call particular attention. For not only do medical editors take the liberty of changing well-known and unmistakable names to outlandish and misleading designations, but medical writers themselves, knowing the suspicion under which every man is held who mentions proprietary names, knowing the cowardice of the average medical editor, get into the habit of using these terms when writing for the medical press.

Why be childish, why be cowardly? If the product is good, if it is worth recommending, why not call it by its real name? There is no more protected, no more patented product than is salvarsan, or 606. And still who thinks now of calling it by its chemical name, dioxydiamidoarsenobenzol dihydrochloride? And if the common designation is proper for salvarsan, why not for other ethical proprietary products?

Why?

SOME MEN ARE HOGS.

Men are hogs. Of course, not all men. Oh, no. But some men are. As this case will demonstrate: A. B. is 52 years old. And he looks it. Every bit of it. He came to be examined and treated. Not only does he give a history and show evidences of syphilis; not only has he had gonorrhea at least a dozen times, giving evidences of it by the presence of gonococci, by numerous shreds in the urine and by two strictures, which will not admit a larger sound than No. 18 French; not only has he an enlarged liver, due probably both to his syphilis and to his alcoholic excesses; but he also has Bright's disease, also an enlarged heart, and also sclerotic arteries (arteriosclerosis). In short, speaking generally, unless the man changes his entire mode of life, and provided his organs are not yet beyond repair, he has only a very limited number of years to live, say three to five; and he may be carried off in a few days. Any extra strain put on his heart or arteries might carry him off—heart failure or apoplexy. In short,

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he is in a condition when he ought to think of the next world and try to make his peace with his Maker, as the theologians say. But, no.

You know, what he came to see me for? To treat his syphilis, his gonorrhea, his kidney trouble? Oh, no. Those things don't bother him. Not much. At any rate, they are of minor consideration. What gives him really great anxiety and concern is this: For some time he has noticed that he has been losing his "manhood." He neither cares for women, nor does he enjoy coitus when he does indulge. It is this that is troubling him, it is this fact and this fact only, that makes him feel uncomfortable and unhappy.

There are thousands of men who are animals, pure and simple. They have no ideas of any kind, they have no decent interests in life; all their pleasures are of a purely physical character. The enjoyment of food they lose early by excesses in eating and thru gastric catarrh or dyspepsia, and when they are no longer able to enjoy sexual intercourse, life loses all interest for them. Associated with this is the false belief shared by the common and the ignorant, that with the decay of the sexual powers there goes inevitably the decay of all mental power. When I told my patient that he was much more likely to lose his mental faculties on account of his syphilis, if he left that untreated, he was very much surprised, and he was still more surprised when I told him that practically every case of locomotor ataxia and every case of softening of the brain or paresis was due to syphilis. I had to impress these things on his mind, for if there is a thing I cannot see with equanimity, it is a man ignorantly or stupidly neglecting his syphilis. And, then, I saw the man standing with one foot in his grave—*he* didn't—and as he came to consult me, it was my duty to apprize, without unduly frightening, him, of the true state of affairs. He was impressed and he promised to attend to his syphilis; but I could see, that what was uppermost in his mind and what touched him most deeply, was—his waning sexual power, which leads me to the remark I made at the beginning: Some men are hogs.

A REPLY TO OUR LETTER.

You have read in the April issue our letter to a doctor who was about to enter the road which leads to quackery.

Five days later, we received the following reply:

To the illustrious names of members of the medical profession, which you enumerated in your letter, you should add your own. I know of no man who is doing more for the profession than you are. The mode of thinking of the regular medical profession and the way of looking at things is undergoing a radical change—thanks to you. Your letter made me weep. Yes, I see my error. I will turn back, or I will take—HCN.

Fraternally yours,

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The Banquet Table

Some congenial physicians, tired of the deadening drudgery of a physician's life, decided to meet at more or less regular intervals, to dine together, to exchange impressions, in short, to have a jolly restful time. It was suggested that each of the members of this informal club prepare for each meeting a brief article—even of only a few lines—for the amusement of his fellow members. The article should preferably be a mild satire, or a comment, on some of the evils of our profession, or on the foibles of our leaders. Some members objected on the score that they could not write. They were told that an interesting or amusing clipping would do. It was decided to print the member's contributions in the CRITIC AND GUIDE, and we are glad that our readers will be able to participate once a month in this feast of wit and good humor.

Notes on Recent Progress.

VAN BIBBER'S GYRATIONS.

If the sigmoid flexure of the colon be exposed with a sigmoidoscope, and the mucosa suddenly and strongly galvanized, the subject will execute a characteristic series of movements—the so-called gyrations of Van Bibber. The term "acrobat sign" is perhaps a preferable one. It is simple, sufficiently descriptive, and avoids the reprehensible practice of employing eponymic appellations for so many phenomena. This sign is absent in traumatic or pathologic loss of the cord's integrity due to extensive changes in the postero-lateral columns. It is a sign of great value, despite the objections of captious critics who argue that in the absence of certain obvious evidences of such degeneration in the cord its employment is wholly unnecessary, while in the presence of such evidences its use would be supererogatory.

OUCHTERLONEY'S SIGN.

In point of value we must range Ouchterloney's recently described "Gunshot Sign" with Kernig's, Graefe's and the many other diagnostic criteria upon which we depend. It consists in this, that if a pistol be held near the suspect's head, he being unaware of its presence and proximity, and be suddenly fired, he will exhibit a more or less characteristic sign, namely, a peculiar facies expressive of perturbation. Perhaps the lay term "startled" may be taken as fairly descriptive of the expression, tho a more exact one, suggested by Billekinn, would be "transiently anxious." This sign is positively absent in all the comas. Theoretical objections have also been urged against the employment of this sign, as of Van Bibber's, but they are not well founded.

PXCHWENKA'S METHOD.

Pxchwenka's method of treating retroversion has greatly interested the medical world and is somewhat ingenious. A soft iron bar is passed into the uterus and externally, over the abdomen, is placed a powerful electro-magnet. Whether the uterus is bound down or not it will "rise" to the seductive magnet. Gink has adopted the idea to an extent in the treatment of impotence in the male and reports successful cases, notably one in which paternity was conferred upon a gentleman eighty-three years of

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age who at this rather advanced age had contracted a marriage with a young woman and found himself the victim of involuntary continence. (It is reported on good authority that this man, who is a physician, was one of the signers of the manifesto recently issued in which the signers declared it to be their conviction that continence is not injurious.)

SEQUELÆ OF PUBIOTOMY.

Dusenbury has called attention to some newly observed sequelæ of pubiotomy, which, while not exactly causative of disability, are yet worthy of special note. Among these are slight pain referred to the old site of section during fast running. A similar sympton has been noted by Scratchsky during the climbing of trees, and Binks has reported the same thing as occurring when the patient, on all fours, descends a plane inclined at 30 degrees. Snooks has called attention to the effect of heightened atmospheric pressure in this connection, averring that the symptom is elicited if the patient be taken into a caisson. On the other hand, lessened pressure, as shown in balloon ascensions, produces no discomfort.

KITE FLYING IN PARALYSIS.

Kite flying is recommended by Btiklitz, of Vienna, in the late management of certain paralytic lesions involving the muscles of the shoulder girdle, as after apoplectic seizures, cerebral embolisms, and local traumatisms. As function returns, hoop-rolling may be substituted.

THE INVERSION TREATMENT OF VISCERAL PTOSES.

Favorable reports are reaching us from Dinkelspiel's clinic with respect to the inversion treatment of the visceral ptoses. Dinkelspiel's practice is to invert the patient in his special apparatus, which is then caused rapidly to ascend a distance of several hundred feet in a kind of elevator shaft. This, of course, tends to "throw" the organs concerned toward the diaphragm with some degree of force. Emerging at the top of the shaft the apparatus is directed by an appropriate mechanism down a second shaft, the patient this time traveling feet downward. The double maneuver is repeated several times. The treatment is carried out daily and a cure generally results in one month or less.

A NEW METHOD OF TREATING DROPSY.

By far the most novel advance in recent therapeutics is Teddebare's method of treating dropsy of the lower extremities by centrifugalizing the patient. In much the same fashion as we centrifuge specimens in the laboratory, so is the subject of dropsy subjected to the centrifugal influence of Teddebare's apparatus, in which he is whirled around, head outward, for half-minute periods. It has been found that the head symptoms of these patients, when due to cerebral anemia, are greatly mitigated. Moreover, there is a certain permanency in the results. If faithfully persisted in the circulation is wonderfully improved, the cardiac burden seemingly lessened, and the edema disappears.

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RAUSMITEM'S DISEASE.

Rausmitem, working in Rathskeller's clinic, describes a disease not heretofore recognized as a true nosological entity. There are three cardinal symptoms: a. A special type of inco-ordination action is exhibited, e. g., the patient cannot ascend a fire-escape backward; b. Massage of the abdomen with ice occasions no objective reaction to the cold—there is no shivering. Neither is there any subjective discomfort. In short, there is a special, distinctly localized, thermal anesthesia. c. Prolonged and vigorous choking of the patient with Rausmitem's specially devised neck clamp (with scale) produces no injection of the eyes nor exophthalmos. A striking point is that the resulting asphyxia is rapidly recovered from. No great distress follows the application of the test, i, e., in those afflicted with Rausmitem's disease; others, it is conceivable, might be unfavorably affected.

When present *in toto* the above symptom-complex is pathognomonic.

The disease is a pure neurosis, so far as known, there being no discoverable lesions.

The treatment of the condition is rather unsatisfactory. Happily, it is rarely met with. Rausmitem fancies that he has seen some amelioration follow the administration of large doses of pulverized egg shells, alternated with the scale of the common gold fish.

FAKRE'S RECENT RESEARCHES IN PROSTATIC HYPERTROPHY.

Fakre's recent researches into the true nature of prostatic hypertrophy have attracted the attention of the whole medical world. He has also securely established certain diagnostic and operative criteria which constitute valuable additions to our art.

Regarding diagnosis, the so-called postulates of Fakre have passed into the terminology of genito-urinary science, and are as important in this branch as are the postulates of Koch in bacteriology. They are as follows:

a. The subject must be a male.
b. The prostate must be present.
c. It must be enlarged.

Fakre points out that prostatic hypertrophy, with symptoms calling for operative interference, has almost a selective affinity for old men whose special relations to the economics of their time have resulted in the acquisition of large properties and capital. They have been more than ordinarily successful in the world of commerce. Just how and why this fact stands in a special etiological relation Fakre does not elucidate. But it has this practical element of value in it. Given a case in which the surgeon is doubtful as to the condition being sufficiently pronounced to call, apparently, for an operation, simply let the patient's antecedent social history determine the issue, for it is to be constantly borne in mind that these individuals are predestined, as it were, to become, ultimately, great sufferers, whereas the ordinary patient

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may be given the benefit of the doubt. The surgeon's prophylactic functions here assume that aspect of sublime beneficence which, whenever it is brought into play, becomes indeed the crowning glory of his art and life.

Fakre himself, indeed, goes so far as to advise the performance of prostatectomy whenever a patient of the above class consults the surgeon for *any* condition, irrespective of the presence or absence of local indications. This is no less epoch-making a pronouncement than that which counsels the performance of intestinal drainage and irrigation in all bad cases of typhoid. It startles the conservative mind, but the progressives may be trusted to take full advantage, sooner or later, of all great truths, especially when presented with its convincing and brilliant *savoir-faire* of a Fakre.

THE STIGMATA OF DEADBEATISM.

The profession is indebted to Professor Freakly, the noted criminologist and disciple of Bertillon, for his attempt to elucidate certain phenomena heretofore apparently not susceptible of scientific study and classification. The doctor's brilliant monograph upon the "Stigmata of Deadbeatism" is a masterly contribution to exact science. It is a singular fact that this province has until now escaped the searchlight of the scientific method, altho one so peculiarly significant to the practitioner. It is to be hoped that we shall no longer be so entirely at the mercy of that large class of "criminaloids" who have for so long mulcted the profession with impunity, for thanks to the labors of Freakly, few of these persons should pass undetected, and, better still, we understand that the Professor is working with what promises to be the elaboration of a *therapia sterilisans magna* which is expected to change the entire nature of the dead beat in a few days.

Hudge and Gudge offer a new hypothesis to account for the epileptic paroxysm and report the attainment of cures by the institution of certain surgical measures founded upon the hypothesis. They reason that certain bodily asymmetries are at the bottom of the epileptic phenomena. There must be a kind of somatic balance else special cortical areas are insulted and resent such insult in the clinically familiar manner. Hudge and Gudge, by restoring lost aural or scrotal (testicular) symmetry, have apparently cured a number of cases.

Let the Prostitute Alone: She is Not at Fault.

Recent press reports featured the case of a Philadelphia woman arrested for prostitution who, it transpired, was simply trying to earn money to keep her children from starving and to provide for the care of an invalid husband. The fact that she was doing it for the sake of others seemed to excite extraordinary interest and commiseration. A fund was promptly raised for her and those dependent upon her.

We contemplate the woman practicing prostitution for her

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own sake with equanimity. If we really realized what prostitution means, if our moral sense were not so blunted by centuries of familiarity with this economic and social curse, we should be dealing with the problem radically.

What do we mean when we speak of radical dealing? Well, we don't mean what the reader probably thinks we mean. To cure prostitution you must ignore the prostitute almost altogether. It is our respectable society that is in need of radical treatment. Whenever we rid ourselves of our false moral standards, puritanical notions, sexual hypocrisies and criminal marital arrangements, and not before, may we expect to see a natural and normal absorption of the prostitute, or rather, a failure of the supply because of a lack of demand.

The importance of the economic causes has been exaggerated. They are only relatively important.

In proportion as our sexual morality is a fake morality will prostitution wax or wane.

Those who set our moral fashions and are responsible for the awful curse of prostitution are the most respectable pillars of society. The prostitutes themselves do not, constructively, perpetuate the system. They are involuntary victims of social, moral and economic maladjustments resulting from the hypocrisy, greed and selfishness of others.

Kissing Old Ladies as a Therapeutic Measure.

A Dr. Black, of Cleveland, Ohio, recently testified as a witness in a suit to break the will of an aged woman who had bequeathed the physician $50,000. He admitted that he had kissed the old lady almost every day for several years, up to the time she died, in order to cheer her up. He had kissed a thousand old ladies, he said, and several had left him money in their wills. His relations with these women had always been proper and he had only sought to cheer them up.

We have noted of late a new field of therapeutics—the treatment of the aged. Several journals have published a good deal on the subject.

We begin to see a light.

A Wonderful "Rough on Bores" Apparatus.

We consider that Mr. Yamakava, the Japanese engineer, is one of the greatest benefactors of mankind who has ever lived.

Some time ago the *Pall Mall Gazette* described an apparatus devised by Mr. Yamakava, whereby long-winded speakers may be painlessly and noiselessly removed from platforms.

This "rough on bores" apparatus consists of pipes running from every seat in the hall and meeting under the floor of the platform just where the speaker stands. Each auditor is supplied with a certain number of lead balls for insertion in the pipes. The floor underneath the speaker is trapped in such a way that

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it can be set free when a certain number of the lead balls run into the receiver; this portion of the floor then disappears and takes the speaker with it. The balls make no noise as they run thru the pipes into the central receiver.

"The surprise felt by the speaker who is becoming a bore," says the *Pall Mall Gazette,* "is equalled by the delight of his long-suffering audience."

We think this apparatus will find a long felt want in our medical societies and radical clubs. We have given an order for three.

The Centennial of the W. C.

The Germans celebrated in 1910 the "centennial of the watercloset." This "stamp of civilization" was introduced into Germany in 1810.

While the water closet is truly a stamp of civilization, nevertheless a centennial celebration of it seems rather ludicrous. We suggest other fitting celebrations. Should not the fountain douche and the whirling spray syringe be accorded places in the calendar? What of the toothbrush?

The Physician's Broadening Field.

The ethical practitioner has fallen in public esteem. That is admitted on all sides.

Once upon a time it was sufficient to be ethical in order to secure the public's esteem. To-day the profession is not, as a body, measuring up to the public's requirements. As the people are, so must be their priests, says Isaiah. We see individuals, like Jacobi, who possess the entire confidence and respect of the community. Aside from personal traits, isn't the respect and esteem of the public of to-day founded upon the practitioner's real social significance? Formerly we dealt only with individuals; we puttered away upon the *results* of some affliction in the person of Mr. X. But we can no longer command respect upon this score alone. We must concern ourselves with causes and this means vastly more than the mere statement would seem to imply. We must be bigger, for the issues are bigger. Society is engaged in contemplating its economic sores and the physician must give it the benefit of his specially needful co-operation. The *Body Corporate* is ill and the disease has been diagnosed by economists as a lacking on its part of the sole use of its own blood vessels. This use on its part we must help to bring about, to the end that "its great heart shall beat with equal pulse, and God breathe into prostrate Adam the breath of life."

We of to-day must not only regain our lost dignity and prestige—we must fulfill a larger destiny than we now dream of, if medicine is to take its proper place among the institutions of that better social dispensation which is even now impending.

The American Society of Medical Sociology is attempting to point the way in which the profession should go and progressive medical radicals should join it.

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"T. R.": A Sexological Study.

BY ARTHUR C. JACOBSON, M.D., BROOKLYN, NEW YORK.

"Let him who will, praise your legislators, but I must say what I think."—PLATO.

The political inquest having been held, it is fitting that science should speak the last word and fully account for the phenomenon who for so long kept our governmental household in disorder and alarm.

Otto Weininger, in his "Sex and Character," affirms that every man possesses feminine attributes (femaleness) in greater or less degree and that every woman enjoys masculine traits in variable ratio (maleness). He fortifies his postulates with a vast array of data which leaves the earnest student hardly any escape from nearly identical conclusions. We think that his doctrines may be validly applied to the elucidation of some of the Rooseveltian phenomena which have occupied so large a place in the recent affairs of the American nation and in the thoughts and impressions of an afflicted populace. In brief, our thesis aims to reveal the traits of the termagant resident in our distinguished subject's subliminal mind and actuating the expression of the conscious mind.

Scientists like Karl Pearson ("Ethic of New Thought") have described an epoch in the social history of mankind which they have termed the matriarchate, when the female was the dominant sex. We think that we have been subjected by Mr. Roosevelt to something more resembling a matriarchate than a patriarchate, because of certain personal traits which suggest the feminine rather than the masculine in him. There is only an apparent paradox involved in the ascription of feminine qualities to a man whom we suppose most people regard as an essentially masculine character.

"We assign sex to human beings from their birth," says Weininger, "on one character only. * * * 'Men' and 'women' have been treated as if, like red and white balls, they were alike in all respects save color." Our blunt separation of males and females suffices—is made to suffice—for the cruder purposes of society. Primitive man was a "man-woman." The mythical personification of bisexuality in the Hermaphroditos and in the narrative of Aristophanes in the Platonic dialogue was not altogether a fanciful flight of imagination. In our own way we find William Sharp ("Fiona Macleod") confessing that he was half woman in the intellectual nature. A reviewer in *Current Literature* for February points out the ample feminine traits in Jack London's apparently super-masculine characters.

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Weininger shows the analogy between the prostitute and men who have been famous in politics. The great courtesan, when she does appear, marches, like the great conqueror, triumphantly across the world. To make Weininger's analogy clear we shall quote him at some length.

"There is a relationship between such men and courtesans (every politican is to a certain extent a tribune of the people, and that in itself implies a kind of prostitution. They have the same feeling for power, the same demand to be in relations with all men, even the humblest. Just as the great conqueror believes that he confers a favor on any one to whom he talks, so also with the prostitutes. * * * And men most readily accept this view that they are receiving favors from the politician or prostitute. * * * The great tribune and the great courtesan do not feel that they are marked off from the world; they merge with it, and demand it all as decoration or adornment of their empirical persons. * * * The great genius honors himself, and has not to live in a condition of give and take with the populace, as is necessary for the politician. The great politician makes his voice resound in the world, but he has also to sing in the streets; he may make the world his chessboard, but he has also to strut in a booth; he is no more a despot than he is a beggar for alms. He has to court the populace, and here he joins with the prostitute. The politician is a man of the streets. He must be completed by the public. It is the masses that he requires, not real individualities. * * * Ambition means going amongst the people. The tribune has to follow the prostitute in this respect. * * * There is the strongest resemblance between them. * * * The great man of action has to despise his inner life, in order that he may live altogether 'in the world,' and he must perish, like the things of the world. The prostitute abandons the lasting purpose of her sex, to live in the instincts of the moment. The great prostitute and the great tribune are firebrands causing destruction all around them, leaving death and devastation in their paths, and pass like meteors unconnected with the course of human life, indifferent to its objects, and soon disappearing, whilst the genius and the mother work for the future in silence. The prostitute and the tribune may be called the enemies of God; they are both anti-moral phenomena."

The subject of our study doesn't smoke; he can scold like a fishwife; he was a girlish youth, so far as his pictures reveal him and so far as we may infer from the rope-skipping episode at Harvard, which tradition avers was not athletically inspired; he was a very girlish and delicate boy; no woman has anything on him for garrulousness; he is like an old-fashioned mother in his blind advocacy of large families; he is inconsistent, lacks the logical faculty and the sense of humor—you will search in vain among his writings for a glint of the latter— and is facile in changing his mind. This "cross between St. George and St. Vitus" possesses a positive genius for gossip and is nothing if

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he is not a busybody. No woman was ever fonder of flattery. His relations with the sycophants who have always surrounded him have been marked by an affectionate character—shown for example by his correspondence—which not many men display and which we associate with the soft nature of women rather than with the virile nature of men. He is too effusive in his manners to be sincere. His sons may not be mollycoddles but he has given them ladylike names. The capital which he made of his ridiculous Cuban campaign was not a manly acquisition. His fondness for certain kinds of "dress" is significant in this connection. His cowboy and hunting proclivities have never been anything but histrionic, even if they were not feminine. Upon the stump and in fact in all his personal expressions he has been essentially hysterical. Mark Hanna thought he was a case of major hysteria and said so once. His contempt for truth, his irrelevancies (e. g., New Nationalism), his queer conception of honesty (to wit: riding about the country at the expense of the railroads), his self-conceit, meddlesomeness, pertness and mischief making, his love of trivial and petty details, his tendency to color facts to suit his purposes, his suppression of facts discreditable to himself—no matter what the harm done to others—his conduct in the Storer and Minor Morris affairs, all these strongly marked traits have never been equally possessed by any man and by only one woman—Catherine de Medici. They do not connote manhood, but only a kind of perverted womanhood. The comparative characterizations of this study imply no reference to the highest type of womanhood, of course.

A man who will call another man a liar, when the victim of his womanish "spite" is debarred by custom, courtesy and the privileges accorded to the incumbent of the high office of President from dealing adequately with him as he would deal with other men, is either not wholly a man or he is a man plus a good deal of spiteful womanhood. It is as impossible to deal with him as it is with the woman who does things "because" she wants to and bursts into tears when called to account.

In concluding this study we shall discuss two points in a general way and the reader can make the particular application himself. We intend our remarks to be nothing if not obvious in meaning and are writing dispassionately and wholly from the scientific point of view. We are disinterested and detached, sufficient time has elapsed to give past events their proper disposition in the historic perspective, and our distinguished subject cannot evade our analysis nor the analyses of posterity. He has stood in the fierce light of publicity too long, and laid bare too fully his mind and soul, to escape cold scrutiny and a verdict that is not the expression of a befuddled, befogged and demagogue-ridden populace, but the calm result of the scientific method applied to the study of the psychology of the most consummate politician that this country has yet produced.

The first of our two final points is that where there are

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selfish ends in view woman reveals calculation and cunning more constantly than man. The politician is a man who has more of the woman in him than other men and is thus able to circumvent and outwit his relatively stupid associates, rivals and opponents. When women enter actively into politics we shall see the game played as it never has been played before. Given a good general equipment and the possession of all the political requirements of the day, the man who is a man-woman easily wins. When the maleness and femaleness exist in such a politician in just the proportions that we have assayed them in the subject of our sketch, the Republic may be carried by him in his vest pocket for quite a while. The sure years, of course, reveal his insincerity and he dies a sudden political death in the very middle of a political *danse du ventre* that turns out to be a *danse macabre*.

We now come to the final point. What is the office-filling instinct in politicians? Why is every thought and action related to certain offices? What is the meaning of patronage, for them? We know well enough what patronage means for the recipients of the offices; the selfish, sordid, ambitious motives and their gratification are obvious enough. The office-filling instinct in politicians is the analogue in them of the match-making impulse in women. Weininger says that this match-making instinct is the most common characteristic of the human female, in fact he declares that in it lies the actual essence of woman and that it is her only positively general female characteristic. The claim of analogy between this instinct and the office-filling impulse of the politician is not at all strained; it is indeed undeniable.

Thus endeth the post-mortem.

The Connection Between the Tubercle Bacillus and Racial Deterioration.

BY LAWRENCE IRWELL, B.C.L., BUFFALO, N. Y.

The tubercle bacillus cannot gain access to or muliply in the tissues of a healthy and vigorous person, and most men and women have often carried tubercle bacilli in their mouths or stomachs for long or short periods. Altho the gastric juice has not been able to destroy these bacilli, as is the case with many other microorganisms, they have been unable to make a successful attack upon our bodies. "A perfectly healthy individual, placed under favorable conditions as regards food, fresh air, and exercise, is never attacked successfully by tubercle bacilli, the active vigorous tissue cells being perfectly able to destroy any bacilli that may make their way into the lungs, the pharynx, or the intestine" (Sims Woodhead). A certain type of individual is readily attacked by tubercle bacilli, while the normal individual, debilitated tho he may be by unfavorable external conditions, falls far less readily a victim. "We are constantly meeting with persons belonging to very consumptive families who escape the disease (tuberculosis) by living under conditions where the bacillus tuberculosis is likely to be absent. On the other hand,

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persons such as nurses are in all probability frequently inhaling the microbe, and yet are not attacked by the disease. In the first case immunity is probably due to the absence of the seed, notwithstanding the favorable condition of the soil; in the second it is due to the barrenness of the soil, notwithstanding the presence of the seed" (Brunton). As the tendency to tuberculosis is markedly hereditary, it seems obvious that we must look upon the type as being transmitted. The disease itself, being microbic, is not and cannot be hereditary in the technical sense of the word. A phthisical type of individual is one who belongs to a family which is specially liable to become infected with tuberculosis, and such individuals are recognizable by many distinctive characteristics of figure and complexion, as well as by qualities of temperament. They are attractive in personal appearance on account of their rich skin and hair coloring, and their intellectual characteristics, such as vivacity and wit. In addition, their obvious delicacy often elicits a feeling of pity and a desire to protect them. As a result of this, they usually marry early in life, and they are as a rule very fertile. They are specially liable to other diseases, such as bronchial attacks, so that apart from their susceptibility to the inroads of tubercle bacilli, they must be looked upon as unsuited not only for the battle of life, but also for parentage which necessarily involves the reproduction of their congenital characteristics. It is the fashion at present to profess to believe that the tuberculosis diathesis is merely an absence of resistance to the penetration of tubercle bacilli on the part of the tissues, but this opinion appears to be confined to those enthusiasts who regard tuberculosis as a disease that will infect any person who is sufficiently exposed to the microbes which produce it. In other words, it is, in their opinion, in the same class as typhoid fever in the sense that susceptibility to it is a mere matter of infection—in the case of typhoid usually by means of contaminated water, in the case of tuberculosis by contaminated air or food. As any intelligent observer can distinguish boys and girls who belong to families in which tuberculosis is common (by both physical and mental peculiarities), the opinion to which reference has been made should not be treated very seriously.

In the English-speaking world, the phthisical type is very prevalent, and it appears to be an innate variation to which our race is liable. It is evident, therefore, that those people with the tuberculosis variation who, even under existing circumstances, contribute their quota to the population, would contribute more than their share if the bacillus tuberculosis were exterminated, and the type would become still more common. It must be remembered that this type, apart from the action of the tubercle bacillus, is a fragile and delicate one, and is liable to other diseases, and the effect of giving it any advantage in the struggle for life would undoubtedly imperil the well-being of the future of the race. Had Koch's tuberculin proved as satisfactory as some sanguine physicians were unwise enough to believe, the

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eventual suffering which would have resulted from the ever increasing numbers of the phthisical type that would have been born with each generation is alarming to contemplate.

It is a disagreeable assertion to make, but it is a fact that the tubercle bacillus, altho the enemy of the individual, is the friend of the race, for it does not attack perfectly healthy men and women, but confines its attentions to those who are feeble in a hygienic sense—to those who are bankrupt in health from any cause, except, perhaps, old age. It attacks not only the under-fed, but also the over-fed, not only the poor, but the wealthy. Tuberculosis is, indeed, a disease of all classes, and even some physicians who lived in well-ventilated houses and conformed to every known sanitary regulation, but who were of the phthisical type, have been known to die from it. It is certain, therefore, that however much the external conditions of life may be improved, the tuberculosis type, being a congenital variation, will remain, and it is equally certain, as has already been stated, that by giving the type a better opportunity to survive than it has at present—by preventing contagion or by delaying the disease—the type will be more and more prevalent as each generation is born.

If we seriously attempt to rid curselves of the selective influence exercised by the tubercle bacillus—that is the elimination of the weak and the preservation of the strong—we must substitute an equally potent influence for the one that we are abolishing, otherwise the race will deteriorate. Side by side with our efforts to prevent the spread of tuberculosis and to fortify individuals of the phthisical type against attacks of tubercle bacilli, there ought to be such selection as will ensure the birth of future generations from the healthiest of those among us, and not from persons who have inherited a tendency toward tuberculosis. As selection is the race-changer, we must replace the selection of the bacilli tuberculosis by the selection of human forethought. In a few words, marriage must be based upon the ability of the contracting parties to produce healthy children.

Scientific men are often slow in arriving at a truth, and there are instances of valuable knowledge held by some sections of the community in an empirical manner which is tardily accepted by the educated because science has not given to it the necessary stamp of approval. The practical application of the Darwinian factor in evolution, natural selection, had been in the hands of cattle, horse and dog breeders for many years before Darwin began to write the *Origin of Species*. This practical application, of course, consisted, and still consists, of taking advantage of favorable congenital variations, and of refraining from breeding from such animals as possess unfavorable or useless congenital variations. In former days the hog that most resembled a beer barrel, that horse that looked like a greyhound, and the cow that gave the best combination of milk and flesh were the animals that were used for breeding purposes. The horticulturist pro-

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duces new varieties of plants by keeping large numbers of seeds and propagating from any variety that he may wish to perpetuate. Spontaneous variations are always occurring in the vegetable world and horticulturists perfect their stock by selecting only the very best seed.

The testimony not only of biologists, but also of experienced practical men—raisers of animals and growers of plants—who are unbiased by any theory is in favor of the view that selection is by far the most powerful factor in producing racial change. Whether it is the only factor, or whether there are other factors, is still a matter of opinion. Up to now, however, the information that we possess has not been practically applied to the question of human race-progress to any extent, altho it is true that a few States have passed laws authorizing the castration of men convicted of certain offenses. But, taken as a whole, people are still biased by archaic ideas; they look at man by himself, they profess to believe that he is only influenced by his own special laws, and they are shocked when obvious parallels are drawn between him and the lower vertebrated forms of life. The extremists go so far as to contend that man is not an animal in the sense that horse, dog and cow are animals! Nevertheless, among the thinking portion of the community, scientific views are rapidly gaining ground, and women who ten years ago could not be induced to take any interest in questions of race improvement are now glad to admit that the subject ought to be discussed in public and in private in a pure-minded and intellectual manner.

Reference has twice been made to the undoubted fact that persons of the phthisical type are particularly susceptible to certain diseases in addition to tuberculosis. If the bacillus tuberculosis could be eliminated they would not be at all likely to live as long as those who do not belong to tuberculous families because they so easily fall a prey to disorders of the respiratory system. There is, in addition, another aspect of this subject to which attention is seldom directed, at any rate in the United States.

Many years ago, a distinguished Scotch alienist, Dr. Clouston, described a form of insanity peculiar to persons of the phthisical type, and their offspring, and Dr. Van der Kolk, in 1869, expressed the opinion that hereditary predisposition to phthisis may predispose or develop into insanity. In Dr. Maudsley's *Pathology of the Mind* (3rd ed: p. 477) these words appear:

"It is acknowledged that phthisical insanity, so-called, may befall in persons of the phthisical diathesis who have no symptoms of local tubercular deposit." Again, page 112,—"With phthisis there commonly goes a particularly intense, impulsive and sanguine temperament which may breed a more insanely disposed temperament in the offspring, apart from any influence which the actual tubercular tendency may be supposed to have or to have not."

In *Marriage and Disease,* Dr. Strahan asserts (p. 205)

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"that the phthisical and insane diatheses are interchangeable, is proved to the asylum physician every day."

One of the latest "fads" is to attempt to calculate the "ratio of preventability" of different diseases, and considerable space is devoted to this form of mathematical eccentricity in Professor Irving Fisher's *Report on National Vitality.* The ratio of preventability of tuberculosis of the lungs is, according to this *Report,* seventy-five per cent. The importance of this "calculation" can to some extent be estimated by what has already been written, and also by the fact that some diseases are often transmitted in the course of transmission. For example, it has long been recognized that idiocy in one generation may appear in later generations as epilepsy or deaf-mutism, what is passed on being a depraved constitution rather than a specific disease. The conditions that would be likely to prevail, if phthisis could be greatly reduced without marriage of persons of the phthisical type being also curtailed, can be easily imagined if one ponders over the opinion of a high authority on cancer, Mr. Roger Williams, of Presenton, England:—"It seems to me exceedingly probable from considerations derived from the study of the family history of cancer patients that a large proportion of those saved from tubercle eventually perish of cancer and insanity, and that the increase in the latter diseases has been brought about in this way." (*British Medical Journal,* Aug. 8, 1896, p. 318).

The Vicious "Three P's."

BY IRVING D. STEINHARDT, M.D., NEW YORK.

The vicious three P's are Petting, Pampering and Pauperizing, and refer to the way dispensary patients are being treated by the authorities in charge of many dispensaries, both those connected with schools of medicine and otherwise, in the mad effort to show a record number in the matter of those treated. All of which is very gratifying to the authorities of the dispensaries and the dispensary patients, but not very encouraging to the doctors who give their time and services gratis to the supposedly needy sick poor. In many towns and cities patients are admitted to free treatment without the slightest effort being made to find out their financial status on the part of the dispensary authorities, and thru fear of losing them when once they have come great efforts are made to retain them, and therefore any effort on the part of the doctors to investigate the financial status of the patient is most severely frowned upon by the lay board that control the dispensary. In an appeal for funds to the public a record of a large attendance is a great money getter from those charitably inclined who have no means of knowing the inside facts of how many patients treated at dispensaries are better able to pay their way than those who contribute to the dispensary funds.

It is absolutely unjust to the dispensary doctors, serving without pay as they do, and to the profession at large that

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patients able to pay a fee should be treated at a free dispensary at all for if the dispensaries are open to all alike where does the physicians' living come in? It is very noble to succor the sick but it is also noble to pay your bills and properly provide for those dependant on you. It is absolutely wrong to the general public that patients able to pay a fee should be treated at a dispensary for it helps to break down their natural pride and disinclination to accept charity and therefore makes them anxious for charity in other things. They reason "if I can get medical care for nothing, why shouldn't I get other service for nothing." At one time people were ashamed to be seen at dispensaries as "charity patients", but now such pride has gotten to be a thing of the past, and while the dispensaries are overcrowded many doctors are having a hard time to make a just living. Not only do they go to a dispensary for treatment but travel from one to the other before deciding which shall have "the honor" of treating their ailment. Meantime that class of patient for whom the dispensary is really for—the needy poor—are cheated out of what the dispensary doctors aim to give them—sufficient time and attention for their illnesses—because of the extra tax on their time and faculties by these undeserving patients.

Many dispensaries now maintain a department of Social Service which does "mountains of good" but also in many cases a "world of harm" by "petting and pampering" poor patients in such a way that they get to believe that they are of great importance to the dispensary and are doing a great favor to the doctors by allowing them to cure them. "Mary Jane" has not come regularly for her treatment—horrors—the social visitor is immediately rushed around to "Mary Jane's" house to see her and "advise" her to return. Heretofore "Mary Jane" was a most humble person glad to be treated and "thank you, Doctor". But no more—"the clinic missed her, thinks Mary Jane, so surely I am a person of some importance to them." "Hereafter the doctor must show he is thankful to me for coming to him or I will go elsewhere". So it is with "Patrick Fritz" also. When he first came he felt ashamed to be asking charity and was very thankful indeed for his treatment. But when he found that he was sought after later when he did not return once for his treatment his dignity as a citizen of some importance hardly permitted him to be exactly as grateful for the favors accorded him as he was before. Let us have free treatment for the real needy sick poor. It is a most honored tradition of the profession that the sick poor are welcome to our services gratis. But let only the sick poor so benefit by this tradition and not "petty grafters" who try to steal the services of the doctors for themselves. Remembering also that doing too much for many people is bad for their moral and physical stamina, let the social service departments endeavor to show their charges how to help themselves rather than to try to shoulder their problems for them entirely. This latter is only what many of them want in their dealings with the social service; not advice and a little help but

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entire relief from what they should confront themselves. American citizenship means independence and that is the spirit that should be taught rather than "here I am, lean on me."

Science and Empiricism in Medicine.

BY BEVERLEY ROBINSON, M.D., NEW YORK.

Not infrequently, when I read the facts and deductions of the scientists of to-day, I know in advance where much of what they now say and believe will be found to-morrow. When I say to-morrow, I am not literal—I mean next week, next month, next year. This explanation is only required for the brains which take hold usually of little things and to whose owners an idea in any broad sense must be explained—and not once, but repeatedly. Even then they don't, or can't retain it long. There is something lacking in their mental make-up, I believe.

Here we are to-day face to face, as hitherto, and for generations past, with the problems how best to treat tuberculosis, pneumonia, and contagious diseases of acute type, such as the eruptive fevers. The practical, multiplied testimony of very many practitioners everywhere is to the effect that creosote, properly used, is a help in all cases of tuberculosis and curative in a certain proportion. This is equally true of pneumonia. In the latter disease it is also true that moderate bloodletting at times, particularly with leeches, will save life when nothing else will. And yet how generally these amply proven facts are absolutely ignored in practice, simply because passing science doesn't say so emphatically and unreservedly. Again, it is as clear as noonday sun to every man who has watched closely and read wisely that neither measles, nor scarlet fever, can be shortened a day by any form of treatment; nor can their virulence, or extension, be probably determined by any system of sanitation, or quarantine. Different years, different seasonal influences, and we have different epidemics—and if not so believed, let us have proof to the contrary. Statistics, even the best and most carefully collated, are frequently very unreliable and lead us directly to error, rather than truth. There is no real science, or advance in medicine, except that which has stood the test of long experience, i. e., wise empiricism.

Take as a final word this, regarding the existence of smallpox and the practice of vaccination. Until now, I have been the warmest advocate of vaccination, even advocating, many times, that it should be made absolutely compulsory. I confess, however, that just at present, even this, as I believe, greatest boon to poor humanity, has opposed to it some powerful and, hitherto, not altogether satisfactorily answered arguments. I have caused, or rather seen produced, as I believe, imminent heart failure, as a result of the use of antitoxin. I have saved life, as I believe, by its timely use. The personal factor in disease is likewise beyond human ken thus far, and is simply a law unto itself, defying all calculations now, as ever previously.

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THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

Silver Nitrate in Gastritis.

Silver nitrate, in doses of one-fifth of a grain, dissolved in peppermint water, is a very valuable agent in the treatment of chronic catarrhal gastritis. It should be given on an empty stomach three times a day. Six grain doses of resorcinol are also useful. If nux vomica is used fifteen minim doses of the tincture should be given.

Sodium Salicylate in Quinsy.

Quinsy may sometimes be aborted by the administration of ten grain doses of sodium salicylate every hour. Five drop doses of the tincture of aconite every hour until four doses have been taken may also prove effective.

Scarlet Red Ointment.

An 8 per cent. ointment of scarlet red (Scarlet R) has been found most effective in the treatment of sluggish ulcers, as of those of the leg. It has the property of stimulating the growth of epithelial cells in a marked degree.

In Pyelocystitis.

In the pyelocystitis of female children, manifested by persistently high temperature, pallor, chills, general sensitiveness and pus in the urine give one or two grains of salol six or eight times a day thruout the acute stage (two or three weeks), then change to one or two grain doses of hexamethylenamin three times a day, with large amounts of water. Goeppert says that this treatment will give a pus-free urine in five weeks as a rule, tho some cases get well in a week.

In Cerebrospinal Meningitis.

In tuberculous cerebrospinal meningitis early and repeated lumbar puncture is the best therapy. The same thing is true in the case of cerebrospinal meningitis due to influenza. In the epidemic form antimeningitis serum is, of course, always indicated.

Potassium iodide is indicated in actinomycotic processes. Excision is apt to be followed by metastasis.

Even in the mildest cases of scarlet fever the children should be kept in bed three weeks and not allowed to get up until repeated examinations of the urine shows no albumin.

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Treatment of Varicose Ulcers.

Lester describes his method of treating varicose ulcer of the leg, the results of which have been uniformly satisfactory in his hands, the ulcer closing in from two to four weeks. ZO adhesive plaster strips, from 12 to 18 inches long, and ¾ to 1 inch wide, are made to envelope the leg spirally, from the foot to just below the knee, in net-work fashion. The strips are applied in both directions, and the leg presents a checkered appearance, small squares of skin being left exposed. The strips are applied tightly enough to ridge deeply into the edematous skin. The first strip encircles the foot itself, extending in a spiral manner up the leg; the second begins on the opposite side of the foot and, crossing the first strip, proceeds on up the leg, in a spiral opposite in direction to the first. The strips are applied an inch apart, crossing the ulcer just as they happen to come. The ulcer is previously cleansed and dusted with calomel. Sterile gauze is placed over the straps covering the ulcer and a firm muslin bandage applied. This bandage is removed and another re-applied every morning, the gauze being also renewed. The strips are left on from two to seven or eight days.

Intestinal Putrefaction and Neuralgia.

The putrefaction of proteids in the intestine is responsible for a certain number of cases of neuralgia and must be borne in mind as a possible etiological factor. Treatment must take it into account, too. Funke has been successful in the treatment of sciatic, facial and supra-orbital neuralgia by means of brisk purgation and a soured milk diet. As a rule, he says, indican diminishes as pain diminishes.

Trachoma Not Such a Terrible Disease.

Brav minimizes the trachoma peril. He thinks it curable and less contagious than generally supposed. It does not cause total blindness. Only the badly handled cases suffer in respect to vision. It is becoming less prevalent and harsh laws are not needed.

Asphyxia of the Newborn.

Freund describes an ingenious method of treating asphyxia neonatorum. He calls the method placental aëration. The placenta is delivered manually as soon as the child is born and is seen to be asphyxiated. The child is placed in warm water and the placenta held with the maternal surface upward, the cord not being cut as yet. A stream of oxygen is turned on to the maternal surface of the placenta, whereupon the child recovers its color, the pulse comes up and respiration is established. Then the cord is cut.

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Acidol and Acidol-Pepsin.

PROFESSOR F. EHRLICH (*Zentralblatt f. die Zuckerindustrie,* Vol. 16, No. 47) states that acidol affords the physician as well as the patient an accurate and reliable mode of administering hydrochloric acid. It has the advantage of being very stable, since when kept dry it does not split off hydrochloric acid even at a high temperature. For this reason it is easily kept and more convenient for persons on a journey than fluid preparations. Its taste is much milder, more fruity, and therefore it is more readily taken in stomach disease. The acidol-pepsin tablets are likewise preferable to the fluid preparations of pepsin and hydrochloric acid on account of their strong digestive action and stability. It has been found that in other preparations of this kind the acid soon destroys the active enzyme. Besides gastro-intestinal disturbances, acidol and acidol-pepsin are recommended in gout and seasickness. The betain, which is one of the constituents of acidol, is an inert body which can be taken by human beings in any amount without damage, and it is therefore to be regarded as a completely non-poisonous substance.

In Diabetes Mellitus.

Forchheimer does not think that drug therapy in diabetes mellitus is applied with as good results as might be; that it is, in fact, neglected. He makes a plea for empiricism, and suggests the trial of such drugs as Fowler's solution, hexamethylenamin and belladonna. He reports encouraging results.

Camphor in Pneumonia.

Weber advocates large doses of camphor in the treatment of grave cases of pneumonia. He reports a suggestive case. In this case a 20 per cent. solution of camphor in oil of sweet almonds, freshly prepared, was employed. One drachm of this was injected into the thighs every hour until eight doses had been given. This treatment was kept up for three days, apparently with life-saving results.

The Karell Treatment for Obesity.

The Karell treatment for obesity is extremely radical. Practically, the results are said to be excellent. Theoretically, the treatment seems too harsh. The patient is kept in bed, the bowels kept loose with a saline, massage is given daily, and the diet is restricted to less than a quart of milk a day.

Give Salvarsan in the Morning Only.

Spiethoff gives salvarsan only in the morning, so that if

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the patient collapses several hours afterward, as has happened to more than one of his patients, prompt attendance is more likely to be assured. Tobacco and alcohol must be interdicted, for if the heart is subjected to the action of these poisons, as well as to that of salvarsan, danger must be apprehended.

Thyroid in Pseudo-Nephritis.

Marchiafava cures a pseudo-nephritis with thyroid treatment. He claims that the presence of casts and albumin in the urine may not mean nephritis, but thyroid insufficiency. Where there is thyroid insufficiency one should expect to find somnolence, obesity, dry skin, chilliness, a slow, weak pulse, a hoarse voice, an uncertain and languid gait, and perhaps a swollen face.

Remember that the discovery and treatment of an anal fissure or an adhesive balanopostitis in an infant may relieve fretting and crying otherwise unexplainable.

Salvarsan has proved useful in the treatment of quinine-proof malaria.

For the Sordes and Tongue Fissures of Typhoid.

℞ Phenol ..... grs. x;
Glycerin ..... ʒ i;
Sat. sol. acid. boric. ..... ʒ viii.
M. et sig.: Mouth wash.

For Gastric Hyperesthesia.

℞ Argenti nitratis ..... grs. vi;
Aq. menth. pip. ..... ʒ vi.
M. Sig.: Two teaspoonfuls half an hour before meals, in water.

For Anorexia.

℞ Fluidextracti condurango ..... ʒ iv;
Strychninæ sulphatis ..... gr. 1/5;
Acidi hydrochlorici diluti ..... ʒ ii;
Elixiris gentianæ ..... q. s. ad ʒ vi.
M. Sig.: Tablespoonful before meals in water thru a tube.

In Intestinal Ulceration.

For tuberculous intestinal ulceration give twenty grains of sulphur sublimatum and five grains of pulvis ipecacuanhæ et opii every four hours.

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LETTERS TO THE EDITOR

The Conservative and Free Woman.

Dear Editor:—The other day I was walking along the University farm and went over to pet the nose of a horse. He was grateful for the caress and followed me along the fence poking his nose out as if saying, "Pet me some more." Don't you think that this incident illustrates the need and desire of the human race also? Plenty of affection, plenty of caresses, plenty of attention—is what women want and men, too.

I was not thinking of radicalism or conservatism when I wrote the last letter. (see C. and G. April) Here, in this town I have come face to face with as tragic a life as that of the radical woman. It is the old spinster, whose warm, affectionate nature has been dwarfed and stunted because of this lack of love. Between the two—the much-lived radical woman and the too little-lived conservative woman,—give me the former each time. Time smooths the rough corners, and in old age the radical woman can look back on some exquisite moments of her life. What has the turbulent soul of the religious, conventional woman to compensate it for years of longing and self-denial? Nothing, absolutely nothing.

Don't you suppose that the conservative woman of the big cities is being daily betrayed in just as hypocritical a manner as the radical? But the joys of sex life are not altered by human perfidy or human mismanagement. And that is what I was trying to show in my last letter.

The healthy conservative girls are healthy as long as they are young; have you seen them when they reach the age of 35? Do they look exuberant? Besides, what do you know of the private life of the conservative girls? Many of them, whom nobody would suspect, lead a loose sexual life. I could tell you some peculiar stories.

Mind you, I am not trying to defend radicalism or conservatism. Heavens, what we need is more love, more honor, more sincerity. And these qualities can thrive anywhere, under any régime.

Don't forget me, but send me a word of cheer once in a while.

Sincerely, ANNA.

Our Teaching About Continence Dangerous.

Dear Doctor Robinson:—I am much pleased with many features of the C. and G., only of late you are getting too bold in teaching that continence is not a good thing; and whether true or not, I fear that such teaching, while in line with nature and the law of natural selection or rather natural inclination, is, at least at present, rather too dangerous to teach our young.

It certainly is not ideal, but extremely material and a reversion to the unbridled instincts of the brute creation.

Yet they have a law of instinct or whatever you may wish to call it to guide them, while we have no such law, and desire becomes our guide, instead of the simple law of procreation, as with them.

Very truly,

C. F. WAHRER, M.D.

Ft. Madison, Iowa.

Editor CRITIC AND GUIDE:

I have your picture as shown in the March number of *The American Journal of Clinical Medicine,* and tho I wish I had a better one I will put it away as a keepsake. I thot from your writings that you were an older man than the picture shows you to be. If you should ever stray down in this part of the Sunny South we would give you a royal welcome. Tho it is not the paradise for hunters and fishermen it once was, yet there is good trout yet. I never have time myself; have not been hunting since I began practicing medicin.

While we are in "The Bacwoods" as it were, yet I wish I could tell you how much your writings have helpt me. I have been much censured for my liberty loving views and liberal ideas, but I dont care a rap for it.

Again thanking you and wishing you long life, prosperity and the ability and desire to write and keep up your noble work, I remain,

Fraternally

E. H. WINKLER, M.D.

De Witt, Arkansas.

Some Interesting Remarks from a Layman.

Dear Doctor:—An article in the different medical journals entitled: "The Medical Profession Must Change its Tactics," has reminded me again of a desire I have felt for some time past to write you in appreciation of your efforts which, while a duty, are nevertheless gratuitous, to put the medical profession right with the lay public. Your article above referred to and others I have read have confirmed the beliefs formed by me as a layman in regard to causes. My father, the late John H. Ripley, was a graduate of the old University Medical School and knew the "giants" of the old days who were, I imagine, before your time. He had the impatience with quackery and other irregularities, and the strong feeling of loyalty that are still the heritage of the best of the profession. Like most busy men he treated with contempt and silence the growth of fraudulent practices and as you suggest felt that truth would prevail. I attribute a great deal of the present chaos to the increase of specializing and the dying out of the old family practitioner. My father used to say that the best specialist was a good general practitioner and while this view is perhaps extreme especially in the surgical field, I believe there is still an element of truth in it. I could bore you indefinitely with recitals, parallelling your experience, of long ago illustrations of one kind of discreditable specialist. One instance will show my meaning. A man came to my father's office with a slight hacking cough. My father looked into his mouth, applied a little cocaine and snipped off the end of a long uvula. This man was surprised that the charge was only three dollars and that he need not come again! Now this man had been to a specialist *twice a week* for nearly one year and on each visit (at $5.00) had been treated to a puff of albolene from an atomizer! You would be surprised if I mentioned the name of this specialist. Now it is probable that as a layman I hear more of such cases than you do and the number of them is undoubtedly very large. Thru my advertising of electric sterilizers I come into contact with a large number of solicitors from medical publications and they are generally graduates in medicine. It is perhaps fortunate that they are not practicing, altho some of them claim to be, but I believe that entrance to the medical profession is entirely too easy. I don't care to take up more of your time with this scrawl but the mediaeval jargon of the profession and lack of frankness with patients is, I think, another handle for the medical fraud to work with. Cephalalgia is no better word than headache and in putting the principles of hygiene before the laity a simplification of language will have to come anyway. I trust that you will continue to hammer at the subject of venereal diseases and talk plainly to the layman in the lay press.

In spite of the smiles that greet my assertion that I was a "virgin" when I was married I am doing all I can as a layman to spread the doctrine of continence—and quick resort to a doctor when anything is wrong. With best wishes and respect, I am,

Very truly,
W. H. RIPLEY.

"The CRITIC AND GUIDE is a dandy journal, with a *real* individuality."
R. L. SUTTON, M.D.
Kansas City, Mo.

Dear CRITIC AND GUIDE:—Please continue for another year. You are one of the best things I have.
C. V. RAWSON.
Moylan, Pa.

"I could not get along now without the CRITIC AND GUIDE."
F. L. HUGHSON, M.D.
Vanita, Okla.

"The CRITIC AND GUIDE is the best "free speech" and most common sense magazine that comes to my office."
W. E. BUEHLER, M.D.
Chicago, Ill.

"With no desire to be insincere I must say that I get the most for my money in taking the CRITIC AND GUIDE—more than from any other publication I take."
EDWIN C. BEAN, M.D.
Belmont, N. H.

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PRAISED BY SOME, BLAMED BY OTHERS, DISDAINING THE FOOLS, BRAVING THE WICKED, I HASTEN TO LAUGH AT EVERYTHING . . . . FOR FEAR OF BEING OBLIGED TO WEEP

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

1 year, $1.00 - Single copy 20c. - Foreign $2.00

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XIV NEW YORK, JUNE, 1911. No. 6

EDITORIALS AND EDITORIALETTES

606 ON HIS AUTOMOBILE.

We have been told that Dr. X. who is a venereal specialist and knows a good many tricks in the ethical advertising line has had the number on his motor car changed to 606.

THE REPORTING OF VENEREAL DISEASES.

Our readers think the time has come for us to express ourself on the subject of reporting venereal diseases to the Department of Health. Perhaps it has. We are not sure that our opinion will please all or even most of our readers. In fact, it may come even as a surprise to many. But no matter. Here it is.

We are emphatically, unalterably opposed to the *compulsory* registration and notification of venereal diseases, if the latter are to be put in the same category as other contagious communicable diseases: that is, if the patient's name is to be given with the report. It is hardly necessary to state, that we have considered this question from every point of view. Every proposed measure should be considered from the point of view of its possible effects, and there can be no question that the result of the passing of such a measure would be disastrous. The stigma applying to venereal disease is still unfortunately very great, and a man having gonorrhea or syphilis, knowing that, if he went to a reputable physician, he would have his name reported to the Board of Health, that he would run the risk of being publicly exposed, would simply avoid the reputable physician. He would delay treatment, he would use patent nostrums, he would consult the

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neighboring druggist, or he would go to quacks like Dr. Gray, Dr. Grindle, Dr. Egan, Dr. Landes, etc. Yes, these rascals would reap a rich reward, for, for an extra fee, they would not report their cases. Of course, they would be breaking the law, but they would take their chances, the same as the abortionists do now. Where much money is at stake, the unscrupulous will always be willing to take their chances.

And suppose the Department of Health did know the name of the venereal patient—what good would it do? Would the patient infected with syphilis and gonorrhea be quarantined, like a case of scarlet or smallpox? As to hygienic rules, how to prevent infection and autoinfection, there is not a physician worthy of the name who does not instruct his patients in this respect now.

There could be no valid objection to reporting cases to the Department of Health, without giving the patient's name, merely for statistical purposes. But the statistics would be apt to be erroneous, for a venereal patient might change his physician ten times, and one case would be reported as ten separate cases (no name or address being given, there would be no way to identify any case).

When it comes to voluntary, optional notification, the matter assumes an entirely different aspect. There are cases where it would be a blessing for the community, if the physician could send in a report to the public authorities. To give but one example from our personal experience. A patient came in a florid condition of syphilis. The palms of his hands were covered with scaly eruption—typical syphilitic psoriasis. He was a barber. We showed him that he was a danger to all his customers. He had one answer: he had to live. And he continued to work at his trade, working in with his fingers the lather into the faces of his customers. And we were helpless to do anything. Had this happened in Germany, we would have called up police headquarters, he would have been taken to a hospital and kept there until his condition was no longer infectious. Had we been able to threaten him with a report to the Department of Health, he would certainly have given up his position until fully improved. And a venereal hospital where all needy venereal patients can go for thoro humane treatment is a *sine qua non.*

After all, the principal thing is to prevent ignorant or unscrupulous men from infecting their unsuspecting wives. And this can be effectively prevented by demanding a certificate of health, signed by a reputable non-advertising physician, from every candidate for a marriage license. This would prevent or reduce to a negligible quantity cases of marital infection, and is a point after which we must strive with all our might. But a general reporting of venereal diseases is neither advisable nor desirable. It would do more harm than good. And such "reforms" we must oppose.

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DO NOT BLAME US: BLAME OUR VICIOUS LAWS.

We print in this issue a letter from Dr. Allen, which is typical of hundreds of similar letters we are constantly receiving. We are accused of advocating something with which many of our readers agree, but when it comes to giving the means of putting that something into practice, we are silent. We stop short just at the most interesting point. We are therefore charged either with lack of courage or with inconsistency. In making this charge against us, our readers show an amount of *naivité* which is really delightful. Is it possible that our readers do not know that if we printed in the CRITIC AND GUIDE some explicit method for the prevention of conception it would render the Journal unmailable and would subject us to a severe penalty? And not only in the CRITIC AND GUIDE, if we gave the information in any other way —by mail or by express—the penalty would be the same—5000 dollars fine and 5 years hard labor. Are they not aware of this? If not, it is time they were. Even to impart the information orally is a crime—the only difference being that for oral information it is hard or impossible to get evidence to convict.

Our readers will therefore not blame us, but our stupid, brutal laws passed by ignorant legislators, at the instance of narrow-minded bigots and stone-hearted hypocrites.

But this being the case, i.e., the imparting of any information about the prevention of conception either by mail or by express being impossible, what is the use of all the talk? Why waste hundreds of good editorials on a subject, for which in practice you can do nothing? The answer to this is easy. We have to talk and to write in order to create a public sentiment against such laws. Let the sentiment become strong enough, and then these brutal laws will become a dead letter, and eventually they will be repealed. Talking, and particularly writing, does have a tremendous influence. The effect for instance can be seen in the public attitude on venereal prophylaxis. People used to throw hysterical fits whenever the subject would be mentioned. Now venereal prophylactics are sent freely thru the mails and our Government orders them by the tens of thousands for our soldiers and sailors.

First thinking, then expressing the thought by word or pen, then acting—this is the sequence of processes in all progress, in all human advancement.

THE MOST EFFICIENT VENEREAL PROPHYLACTICS.

The most efficient prophylactic against gonorrhea is protargol; the most efficient prophylactic against syphilis is calomel or mercuric chloride (corrosive sublimate). The protargol is used in the form of a 2 per cent. solution or suspension; the calomel is used in the form of a 30 per cent. ointment; the mercuric chloride in the form of a 3 to 1000 solution, the vehicle consisting

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of tragacanth, starch, glycerin, alcohol and water. The packet used by our army and navy consists of a collapsible conical shaped tube with a partition in the centre; the conical half of the tube is filled with a 2 per cent. protargol solution; the pointed end is inserted in the urethra and a few drops of the solution squeezed out. The other half of the tube is filled with a 30 per cent. calomel ointment; when wanted for use, the cap is removed, a portion of the ointment is expressed and the penis anointed. Both the protargol and the calomel ointment are used *post coitum*. The tube just described which is used by the army and navy is manufactured by Dr. Richard Slee, of Nanuet, N. Y. It is a handy and ingenious combination and is conveniently carried in the vest pocket.

FRAUDULENT ADVERTISEMENTS AND FRAUDULENT NEWSPAPERS.

The Los Angeles Times is opposed to the honest physician and sneers at scientific medicine. It has a department, entitled: Care of the Body—Suggestions for Preserving Health, which is conducted by one of those quacks who append to their names the fraudulent, deceptive and ridiculous title N.D., which is supposed to stand for natural or naturo-pathic doctor. You have to pass no examinations to get that title. All you have to do is to write it after your name—and that is all there is to it. Any street sweeper can call himself an N.D. But this is in parentheses. On the same page with these suggestions for Preserving Health appears an ad. of Oxypathy, which for downright lying, for shameless, brazen meretriciousness equals anything we have ever seen in this line. That miserable fake is promised to cure every disease from which a human being may be suffering. "It matters not what it is or of how long standing. If you are not yet on the brink of the grave, the Oxypathor can save you—absolutely cure you." "Oxypathy has come to stay. Altho but comparatively few years old, it has taken a commanding position among the "pathies", etc., etc.

We have not the slightest hesitation in saying that the green goods man, the sneakthief, the second story man are respectable gentlemen in comparison with the manufacturers of the oxypathor and with the publishers who admit such fraudulent advertisements into the columns of their journals. They not only rob the sick of their money, often of their last dollar, but also of the opportunity of getting proper medical aid, when such aid may yet prove life saving. Frauds like the Oxygenator Company and the publisher of the Los Angeles Times—Isn't General Otis his name?—should be made to give up their nefarious business, or they should be rendered harmless behind prison bars.

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THE PRESENT STATUS OF SIX HUNDRED AND SIX OR SALVARSAN.

"Six hundred and six" has now been before the world for nearly a year, and a pretty conclusive judgment as to its powers and limitations is now justified.

Briefly speaking, it is the most powerful symptomatic anti-syphilitic remedy in our possession. It will clear away mucous patches, it will heal ulcerations, it will make chancres disappear quicker than the mercurials or the iodides are capable of doing. It has not displaced, and it will not displace the two old specifics, but it is an additional powerful weapon in our hands, and syphilis is now a much more manageable disease than it was before Ehrlich's discovery. In each and every case in which we have used it, the results have been good; in a few cases the results have been brilliant, marvelous; in only very few, have they been slow or doubtful. In recent cases we would advise the immediate use of the drug, but we would use it in conjunction with mercury. But we must bear this in mind: just as there are cases in which mercury seems to exert very little effect, but which respond very rapidly to 606, so there are cases of just the contrary character: cases in which 606 seems to be of no value, but which improve quickly under mercury.

The best, most thoro, most painstaking and most unbiased review of the present status of the treatment of syphilis with 606 is that by Prof. E. Tomasczewski of Berlin, a translation of which appeared in the March issue of The American Journal of Urology.

We append here the conclusions arrived at by Prof. Tomasczewski. They are as follows:

1. A single intramuscular or subcutaneous injection, possibly a repeated intravenous injection, certainly a combined intravenous and intramuscular injection of a sufficient amount (0.5 to 0.6 gm.) of salvarsan produces marked symptomatic effects in cases of *malignant syphilis,* often effects of very long duration, and not infrequently saves life in these cases.

2. Salvarsan treatment attains the value of an energetic mercurial course (calomel injections) in all other types of syphilis, with relatively rare exceptions.

3. It is possible that a permanent cure, a *therapia magna sterilisans* may be effected early in the primary stage, but undoubtedly most of these cases remain clinically and serologically free from symptoms for a long period.

4. In cases of syphilis in any stage in which *mercury was not tolerated,* or very badly borne, or in which new recurrences appeared in spite of repeated courses of mercury, salvarsan almost invariably produced excellent results,—if not permanent cures, at least cures lasting a long time.

5. Salvarsan produces certain local more or less severe tissue changes in all cases except when used intravenously, and it gives

rise to a series of untoward general effects, no matter what mode of administration be used. These untoward effects vary greatly in character and intensity in different individuals. Untoward effects of serious nature have thus far been noted in a very small proportion of cases after a single injection, and in some of these cases they were referable to faulty technique or some other preventable cause.

6. We must continue to employ the chronic intermittent treatment of syphilis and must maintain as before the necessity for a complete course of treatment in deciding such questions as transmissibility, consent to marriage, etc., in every case.

7. All our experiences thus far (indications, contraindications, etc.), are essentially based upon single salvarsan injections, and we as yet know practically nothing of the action and untoward effects of a chronic intermittent salvarsan treatment.

8. Neither an injection nor an infusion of salvarsan excludes a simultaneous or subsequent course of treatment with mercury and iodides, but, on the contrary, the special therapeutic effects of these three remedies may be happily combined.

MALTHUS IN HARLEM AND HIS REPLY.

The address which we delivered before the American Society of Medical Sociology has attracted a good deal of attention, tho we do not think it has, as *The World* says, "startled" America. Hundreds of papers commented on it. The following editorial appeared in *The Daily People* of March 14.

MALTHUS IN HARLEM.

From the heights of Mount Morris Park, up in Harlem, Dr. Wm. J. Robinson has fluttered to earth with a theory that excessive childbirth among the poor is one of the greatest causes of low wages and poverty.

The original Malthus taught that poverty was unavoidable, on the supposed ground that population increased faster than its food supply. Clarified on this score by a century's wonderful development in the means of production, his 1911 successor puts it differently. High birth rate, reasons Dr. Robinson, means a crowded labor market; a crowded labor market means low wages; low wages means poverty; ergo, stop the excessive childbirth, and poverty will vanish.

Each of Dr. Robinson's three premises is correct, and yet his conclusion is false—as false as it would be to argue that because a frog could jump six inches high, in four jumps he would land outside a two-foot-deep hole. However many six-inch jumps the frog might take, he would in the end be just as poorly off. His ascensions toward the top would be temporary. The hole would still engulf him. However much the wage slave might, on Dr. Robinson's plan, tend to ease conditions for a

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while, the benefit gained would in the long run be merely illusory. He would still be at the bottom of the hole of wage slavery.

What ails the wage slave to-day is not that there are so many of him, but that he is a wage slave at all. Let wage slavery stand, and the employing class can always see to it that there is an unemployed army ready to beat down wages. Just simultaneously with the proclamation of Dr. Robinson's theory, the papers printed the news of the Price-Campbell cotton picker's throwing half a million or so southern plantation hands out of work. Of how many children must the worker deprive himself, to meet advances like that?

The problem is not how to be happy without a family, by the lopping off of wants and desires. That amounts to a dodging of the question. The problem before humanity is how to secure itself in the right and natural enjoyment of all its functions, so that its children may be born into a heritage of joy and plenty. Such a consummation, devoutly to be wished though it be, the methods of Malthus and his Harlem emulator only fog-bind and delay.

To this we replied as follows (*Daily People,* March 21st.):

"MALTHUS IN HARLEM."

To the Daily and Weekly People:—

My attention has just been called to an editorial in THE PEOPLE of March 14th with the above title. Permit me to ask you a question: If a woman came to you and told you that she had six children ranging in age from ten years to eight months, that with each child she is getting weaker and weaker, that with each child they are getting poorer and poorer, and it is becoming more and more difficult for them to support and bring up the children properly, and if you had a sure and certain remedy which would prevent that woman from having any more children, what would you do?

Would you tell her that her poverty is not due to her having many children, but to our wrong social-economic conditions, which deprive her of the fruits of her labor, or would you give her the remedy? Please answer unequivocally, without any evasion.

I imagine that if you are a humane man you would not give her a lecture on economics, but you would give her the remedy. And that is exactly what the gist of my lecture was. It was not suggested as a remedy for the abolition of wage slavery. I took particular pains to mention that my remedy was not suggested as a panacea for the regeneration of society, and for the bringing about of the millenium. It was simply a practical remedy for the immediate alleviation of the sufferings of the poor. I stated there that the rich and the well-to-do knew the methods of the prevention of conception, but that the poor, who were most in need of it, were in utter ignor-

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ance, and I therefore demanded that the law, which makes the imparting of any information about the prevention of conception a crime punishable by five years' hard labor and $5,000 fine, be abrogated.

And from the thousands of letters received from all over the country it seems that the intellectual people, the thinkers, fully agree with me on this point. The only ones that were shocked were the orthodox Catholics.

Why will the Socialists insist on being narrow and intolerant? That when the co-operative commonwealth has been established there will not be the same need for the prevention of conception, I am as well aware as you are, tho even then some means of regulation will be needed, for under the most ideal economic conditions we cannot, for various reasons, permit the women to breed indefinitely. But I am not speaking of the future, I was speaking of the present, of to-day. And to-day the poor workman, the struggling professional man, must have some means of regulating the number of his children. He must have some assurance that his wife will not give birth to more children than they are both able to properly educate and bring up.

And I am surprised that Socialists, of all men, should not see it in this light.

WHOMSOEVER THE CAP FITS, LET HIM WEAR IT.

Some eight years ago I wrote an editorial in which I took to task two prominent physicians for contributing papers, and thus lending prestige, to what was at the time the most prominent example of venal commercial journalism.

I did not mention any names; and the result was disastrous. At least thirty or forty physicians who had, at one time or another, contributed to that journal, took offense at my remarks, for they all thought, nay, they were sure, that it was they whom I meant. And I made thereby several enemies for life.

The same thing has happened with my letter entitled: A Letter to a Doctor who is about to Enter the Road which leads to Quackery, which appeared in the CRITIC AND GUIDE for April and in several other medical journals. The letter was written *bona fide* to a certain young doctor in the West. At least a dozen physicians have taken umbrage at my letter, each of them being sure that it was he who was meant. Some doctors, of whose very existence even I did not know, wrote in trying to justify their mode of action, giving material circumstances and financial difficulties as an excuse, etc. To answer my good friends in detail is not worth while; I can only assure them that I did not mean any one of them when I wrote the letter; but still, if they feel that the cap fits then, why, they are welcome to wear it.

I have done my duty and the letter has had the desired effect.

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Sexual Continence.

A Plea for Sexual Continence in the Unmarried; an Argument in Defense of the Single Standard of Sexual Morals; a Reply to Dr. W. J. Robinson's statement that "Absolute Continence is Injurious to the Male." [1]

BY J. P. WARBASSE, M.D., NEW YORK.

There is much speculation, if not much discussion, upon the prevalent double standard of sexual morals and the effects of continence upon continent individuals.

What is sexual continence? The general interpretation applied to this term is that it means abstinence from coitus, especially in an individual capable of performing such an act. This, I think, is an utterly wrong interpretation. Physiologically and socially, sexual continence means abstinence from those stimuli, received thru all the senses and engendered in the mind, which result in libidinous turgescence of the organs of copulation.

There is an unscientific tendency to take out of the sexual functions the act of copulation and treat it as an isolated entity. As a matter of fact, it is but one link in a chain of sexual phenomena. This understanding is important because many persons are misled by the conventional definition, and often do themselves physical harm. A young man and woman who repeatedly indulge themselves in amorous caresses to the point of creating a high degree of sexual excitement, and then part without coitus, may regard themselves as continent, but in the light of physiology and pathology they are neither continent nor wise. The continence which they have respected is a fetich. The greater should not be confused with the lesser. The man who drinks brandy and soda, with the idea of going as far as he can, is not slaking his thirst, he is getting drunk. Sexual continence is not compatible with sexual excitement.

This whole question of sexual love has been confused by breaking it up into sections. The great and fundamental sexual joys, inherent in communion with an object of love, by thought, word, look, or touch, stimulating with rapture the higher centers, and infusing the mind with gratification, are all a part of the sexual chain, altho no libidinous impulses arise. Very easily from one state may the stimulations pass on to the next, the next, and the next, until the great sexual act is complete, and a babe lies nestled at its mother's breast. To start the chain of impulses

[1 "The Double Standard of Morality and the Effects of Continence on Each Sex." CRITIC AND GUIDE, Feb. 1911.]

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means that the end is already in sight. To interrupt the processes of sexual love is fraught with a sense of incompleteness, with dissatisfaction, and often with danger. Continence is abstinence from sexual love and its greater stimuli.

The next definition which we should attempt is that of "single standard" and "double standard." By the first, it is understood that certain sexual practices which are morally justifiable for one sex are morally justifiable for the other sex. In the terms of our western civilization, it is the male sex which is understood to be permitted the privileges which are denied the female. In some of the older civilizations the female enjoyed the greater privileges. It is my own opinion that there should be no privileged sex or class. The sexual morality which governs the woman should be the same as that which governs the man. Privilege in sex, society, or industry, is pernicious. There is no such a thing as one class having privileges or advantages unless there is another class of whom advantage is taken. True democracy is sex-wide as well as class-wide.

From a scientific point of view, this belief is made tenable because, I think, the harm of an incomplete sexual life is visited upon both the man and the woman—equally, let us say, tho the peculiarities of the two sexes make comparison impossible. Much is said of the libido sexualis developing earlier and being stronger in the male, but we have no conclusive information. We do only know that the male is more subjected to artificial stimulation; but if a boy and girl grew up alone in an atmosphere free from such influences, it is conceivable that their impulses would be similar. The same may be said of the sexual impulses of men; they are unduly stimulated by the artificial social conditions with which they are surrounded. If the habits, privileges, ideals, and conceptions of life among women were the same as among men, society would be overwhelmed with sexual promiscuity, for it is conceivable that women would become in their sexual habits similar to men.

In this temperate zone puberty begins in the male at from ten to fourteen years and in the female at from eleven to fourteen. There is not much difference between the two sexes in this respect; the slightly earlier period in the male may be due to environmental influences.

The term "sexual morality" is also much employed. In discussing this subject, morality should not be separated from the scientific viewpoint. There is a tendency to separate them, as tho science had no business with morality. It has. The mistake which society has always made has been to relegate the science of morals to an especially unscientific class. This subject cannot be discussed apart from morality. Society has too long made the mistake to think of morals as something esoteric and immaterial. It is my view that morality without a physical basis is not morality at all. There is no such thing as spiritual morality.

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If sexual practices, marital or extra-marital, do not cause harm to any individual, alive or yet unborn, those practices are not immoral. No man can harm any extra-natural omnipotence. Immorality consists in harming people; and that means one's self as well as others. This is highly a question inseparable from morals.

Let us consider the physiology of the sex organs in their relation to continence. The mistake should not be made to think of the sexual organs as dormant excepting at a certain period in life. They begin to functionate before the child is born, and continue thruout life. The internal secretions of these organs, circulating in the blood, influence all the cells of the body. They modify the shape, growth, and texture of other structures, powerfully influence the central nerve cells, and are potent factors in stamping the individual with character. Sigmund Freud, in "Infantile Sexuality" ("Three contributions to the Sexual Theory," Jour. of Nervous and Mental Diseases, Monograph 7, 1910) describes the early signs of sexuality. The earliness of their beginning cannot be identified. At the other end of life they are illustrated by the reply of the aged French savant, who, upon being asked, "When does a man cease to love?", replied, "You must ask some one older than I."

Sexuality and sexual impulses begin and end with life. Nor should the mistake be made to think of the pelvic organs as constituting the whole sexual system. The internal secretions which have a strong influence upon sexual character come not only from the ovaries, testicles, uterus, and prostate, but also from the thyroid, and, perhaps, from the hypophysis, suprarenals, parathyroids, thymus, and other organs of which little is known. Sexuality is general, not local; and, properly speaking, the sexual organs are all the organs of the body. The fact that there are certain highly specialized parts, and that there are superficial areas which are especially sensitive to erogenous impulses, has given these regions special sexual significance, while but little is known of the other organs as sexual centers. I desire to bring out the fact that the sexual organs are constantly in action, and that repression is both impossible and undesirable.

External sexual excitements have the power to cause a precocious or premature development of the sexual activities in both boys and girls, just as intellectual excitements or stimuli have the power to heighten the intellectual functions. Excessive, continuous, or prolonged stimulation of the erogenous zones results in exaggeration, or later exhaustion, of the libidinous impulses. Testicular fluid in the seminal vesicles, under unexciting conditions, does not require to be discharged at intervals. I have not been able to find in the studies of the physiologists that its retention is abnormal or unhygienic. I do not believe it is.

The ejaculation of this fluid takes place as a result of eroge-

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nous excitement or local stimulation. Involuntary emissions, masturbation, or coitus empty the vesicles; but without some preliminary causative influence ejaculation does not take place. The dogmatic statement is sometimes made that these emissions are necessary for the health of the man. This contention is not substantiated. The idea is kept alive by those who wish to believe it in order to justify their own practices, by those who perpetuate a tradition, and by those who actually regard it as a scientific fact. I do not believe that continence is injurious to the male, provided that his continence is real.

The common mistake is to think of coitus as synonymous with incontinence. I have tried to show the difference. It is undoubtedly true that idle men, living under the abnormal and unhealthful conditions of city life, lending themselves to erotic stimuli of great variety, thinking lustfully of women, and rolling their eyes about for libidinous suggestions, are promoted in health by completing the sexual act which they always have in process of beginning. It is not coitus that preserves their health; it is the preliminary vicious habits that are damaging it. Coitus is called upon as the remedy. Having begun the sexual act, it is normal that it should be completed.

But the healthy man, whose mind is occupied with wholesome thoughts, who has interests and activities for the working hours and enough knowledge and intellect to make relaxation a joy, —such a man does not suffer from mere lack of coitus. The vacant mind, ennui, tobacco, alcohol, and other promoters of defective oxidation are often the precursors of the sexual necessity.

An unmarried young man of the above described healthy type, who argues that some day he shall marry, who thinks that somewhere in the world the woman is waiting for him, who does not harbor the delusion of the sexual necessity, who has resolved that he shall expect virginity of his bride and that she may expect the same of him, who is aware of the harm and dangers of extra-marital coitus, and who, having thus fortified himself, dismisses from his mind the whole question as settled for him—such a man has clear sailing. The fellow who gets in trouble is the weak man, who vacillates, who entertains erogenous thoughts with himself as a party, and who goes half way and attempts to recede—he has no business with the single standard of sexual morals; it will make a fool of him. Dalliance is not abstinence.

I do not conceive of a man suffering from the ills of continence or growing impotent who has been cast away on a desert island, with no immediate prospect of relief, and whose mind and hands are occupied with raising grain, catching fish for subsistence, and constructing a boat for escape.

Examinations of many unmarried men show congestion of the prostate and prostatic urethra, due to just these uncompleted

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sexual activities. The continuance of the sexual excitements without completing the sexual act perpetuates the congestion, until in the course of time impotence supervenes. What is the remedy? Removal of the cause, ceasing from sexual excitements which cannot be completed. The remedy is not taking another step, fraught even with greater possibilities of harm and danger. I have elsewhere ("Medical Sociology", p. 83), set down the objections to extra-marital sexual intercourse, which are sufficiently pertinent to this discussion to be reproduced.

"The dangers and objections arising from violation of the rule, that, a man should have sexual intercourse with none but his wife and that if he have no wife he shall remain continent, are as follows: the moral and social degradation of a woman who otherwise would live rightly; the danger of causing disease in such a woman; the encouragement, by example, of a practice which stands preeminent as the great cause of social unhappiness, the subtraction of just so much joy and devotion from the woman who should or will stand in the proper relation of wife; the possibility of the propagation of illegitimate children; the strong probability of contracting venereal disease; the danger of transmitting physical or moral blight to one's offspring; the development of vicious habits; the cultivation of immoral society; the wasting of time and energy in unprofitable company; the social harm to one's self and family; the moral harm which springs from acting in secretiveness and shame; the contracting of the concomitant vices which go hand in hand with venery for venery's sake; and the postponement of the organization, or the weakening of the strength, of the most potent factor in the solidarity of society—the home."

These are strong reasons against extra-marital sexual congress, and each is susceptible of serious consideration.

Congestion of the deep urethra is found also in the incontinent as well as in the continent. Excessive coitus is said by good authorities to be a common cause of physical deterioration. Is it not possible that the individuals who need coitus as the remedy for their ills are the same as those who later suffer from the harm of excess? And is it not possible that, single or married, they will permit their sexual impulses to do them injury? The pity is that a woman has to be dragged down with them.

To concede that coitus is essential for the health of unmarried men is to concede the desirability of a chain of social conditions which are the concomitants of the concession. Who shall be the woman to preserve his precious health? He would prefer a comely young woman for seduction, but suppose we grant him the prostitute. That means regulation of prostitution. Regulation of prostitution means legal approval of the double standard of sexual morals, the increase of the proportion of unmarried men and therefore of unmarried women, and the diminu-

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tion in the ratio of homes to population. I am opposed to the legalization of prostitution.

All that has been said of men may be said of women. They are harmed quite as much as men by empty minds, ennui, idleness, and erotic suggestions. Such women create their own internal stimuli. They long for love. The unsatisfied longing inflicts constitutional damage. As men become hypochondriac and impotent, so do women become neurotic and sallow,—all from the uncompleted stimuli of sexual love.

The true remedy in both cases is normal social love and marriage. If it cannot be had, the next best thing is the elimination of the sexual stimuli or supplanting them with less erogenous impulses. Given, a woman capable of sexual love and its highest gratifications, deny her these things, and she may be preserved in usefulness and happiness if she but become engrossed in occupation. On every hand we see women who exemplify both types.

This discussion is made necessary because of the bad social conditions in which we live. The remedy is an economic one. When an equable distribution of the proceeds of his labor goes to the worker, and there is no bonus for the maintenance of an idle class, when a true social democracy is secured, then the relations of men and women may be adjusted in harmony with the highest possibilities of sexual morals,—and not until then.

Is Anything the Matter with the Doctors?*

BY WILLIAM J. ROBINSON, M.D., NEW YORK.
President of the American Society of Medical Sociology.

Is anything the matter with the doctors? The original title of to-night's discussion was: What is the matter with the doctors? But as that title contained the definite assumption that something *was* the matter with the doctors, it has been modified to a milder form. But even in this form, it assumes that something is the matter with them. Otherwise the question would not be asked. We do not ask: Is anything the matter with the chemists? Is anything the matter with the physicists? Is anything the matter with the astronomers? Is anything the matter with the electrical engineers? And the reason we do not ask this question in reference to them, is because we know or assume that they are all right. We assume that they know as much as can be known at the present time, with the accumulated facts and the instruments of precision in their possession. And by asking the question: Is anything the matter with the doctors, you at once betray that you have a lurking suspicion or the positive certainty that something *is* the matter with us. And there is no use denying that

* Delivered before The Liberal Club of New York, March 15, 1911, at a discussion participated in by the following: Upton Sinclair, Samuel Hopkins Adams, Norman Hapgood, Dr. Robert T. Morris, Dr. Woods Hutchinson and the Editor.

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such a suspicion or certainty is harbored by a large number of people, particularly of the cultured, or perhaps more correctly, the quasi-cultured classes.

The so-called health journals, practically all of which are edited by men who have axes to grind, and who are perfectly innocent of any knowledge of medicine, are doing their utmost to foster suspicion and fan distrust in the medical profession. A sensational book, which claims to depict the chaos and crime in the medical profession, has recently been published and is exerting a pernicious influence on the public, because the focus through which it presents the facts or alleged facts is false and the picture is therefore false and distorted. The quack journals, sensational and untruthful books, and a few ignorant laymen who pretend to assume the role of physicians, have been inciting the public against the medical profession, and by bringing false charges against us, have partly succeeded in creating a feeling of animosity and distrust. You know how critical and analytical our dear public is: You can make it believe anything if you have only enough assurance and impudence; the more stupid, the more sensational the accusations, the more readily will they be believed.

Let us see what the charges against the medical profession are, what indictments a biased, inimical and ignorant jury has drawn up against us.

THE TERRIBLE CRIME OF USING DRUGS.

The first and the most universally heard charge against us is that we are drug dopers. That is, that we do not treat people rationally, hygienically, by the aid of diet, fresh air, sunlight, etc., but that for every condition we give drugs, that we fill the people's bodies with poisons and that by our drugging we often create worse diseases than those we intended to cure. This charge is repeated day in and day out by the quack health journals, which I referred to above. To speak of the utility, of the indispensableness, of the life-saving properties of a large number of drugs is not the place here. I will merely repeat what I have said elsewhere, that he who has seen the lesions of syphilis melt away under the administration of mercury, iodine or 606; he who has seen the chills and fever of malaria disappear as if by magic under a properly administered dose of quinine or arsenic; he who has seen a miserably dwarfed, imbecile little cretin grow in stature and gain intelligence from day to day under the use of thyroid; he who has seen the pale cheeks of the chlorotic or anemic girl change into red roses under the administration of iron and arsenic; he who has seen a waterlogged old man or woman, unable to take a step without getting out of breath, take on a new lease of life under digitalis; he who has seen a nasty diphtheritic membrane roll away as if by the touch of a magic wand after a dose of antitoxin; he who has seen the fearful torturing pain in a case of renal or gallstone colic cease instantly

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after an injection of morphine; he who has seen the life-saving effect of a few drops of amyl nitrite in a case of angina pectoris; he, I say, who has seen all those things will not agree to cure the sick without the use of drugs. And I will say, that if you will show me a man who absolutely denies the utility of drugs, I will show you a man who has never used drugs or who is ignorant as to their proper use.

But as to the charge that drugs constitute the principal factor in our treatment, I can only say that such a charge is maliciously false. Drug-treatment constitutes only a small—a very small—part of the modern practice of medicine. There is not an agent or method, material or immaterial, that we, members of the regular medical profession, do not employ in the treatment of disease. Regulated diet, exercise, water internally and externally in its numerous hydrotherapeutic methods, mineral waters, baths, direct sunlight, fresh air, heat in its multitudinous forms, massage, electricity, roentgenotherapy, Finsen light, radium, antitoxic sera, vaccines, suggestion (psychotherapy), hypnotism, all of these agencies we, regular scientific physicians, make use of freely in our endeavor to cure and to prevent disease. We may use only one of these agencies in the treatment of many of the diseases, but we do not hesitate to use all of them whenever they seem indicated.

A Handbook of Practical Treatment has just come off the press. It is authoritative and presents the latest developments in the treatment of disease as it is practiced by the regular medical profession. The first 16 chapters deal with the general treatment of disease, and of these 16, only one is devoted to drug therapy!

Take Osler's Practice of Medicine, and you will see that drug treatment is playing a very secondary role, one might say an insignificant role, in the entire book. Inquire at, or study the reports of our foremost hospitals and you will see that drugs play a very secondary role. Nursing, hygiene, proper feeding, cleanliness are our chief agents in fighting disease. But, contrary to the quacks, we know the indications for drugs, we know the proper use of drugs, we know where they are invaluable; and when we do need them, we can use them fearlessly and unhesitatingly.

SURGICAL OPERATIONS.

Another serious charge refers to surgical operations. By one part of the people we are attacked for performing any kind of surgical operations, by another part we are accused of performing surgical operations too frequently, in many cases where they are not at all indicated. To the first charge it is not necessary to reply. He who denies the necessity of any surgical operations, he who denies that very often a surgical operation offers the only chance of saving a life, as is done by many of our "No

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Knife" quacks in the quack journals, puts himself outside the pale of rational thinking beings, and no discussion is possible with such a person.

As to the second charge, I must confess that it is true of a small number of our profession. It is true that operations are sometimes performed on people who would be better off without them. But this is not due so much to greed and moral perversion as to a certain bias, of which none but the broadest-minded of specialists can be free. A man who is working in one line often becomes narrow and seeing many brilliant successes from his operations, he becomes unconsciously biased in favor of operations. And as it is true that in many cases an operation will do in two weeks what medicinal and hygienic treatment will not accomplish in years, it is not surprising that some surgeons are inclined to give the patient the benefit of the operation, where perhaps an internal physician would consider the operation contraindicated or not at all indicated.

It is true, however, that there is a small percentage of physicians who are devoid of conscience and who will do almost anything for the money. But this is not anything special and unique, it isn't something peculiar to the medical profession. Rascals and brutes are found in every profession. in every trade, and will be found in every profession and every trade as long as we live under our present beautiful competitive system. And the entire profession should not be held responsible for the misdeeds of a few.

THE PRACTICE OF ABORTION.

Another charge against the medical profession is that it is guilty of the practice of abortion. That the entire profession is guilty of this practice is of course false. That a large number of physicians—the percentage is of course impossible to state with definiteness, but I would say anywhere from 10 to 25 per cent.—are practicing it habitually is true. But I would not blame the profession very strongly for it. It is the State that is to blame for this condition of affairs. Wherever there is a demand there will be a supply and the demand for abortions is tremendous. The layman has no idea of the frequency of the demand and of the tremendous pressure that is brought to bear upon the medical profession. I venture to say that for every abortion performed by a physician, at least one hundred demands, requests and pleading supplications are refused. If this were not so we would not have the thousands and thousands of non-medical, male and female abortionists, who thrive thruout the country. A million abortions, at a very conservative estimate, are performed annually in the United States; and I am sure that 75 to 90 per cent. of them are performed by non-medical and professional abortionists, who are outside the pale of the medical profession.

ARE WE ATTEMPTING TO FORM A MONOPOLY?

Another charge that has been heard a good deal of late is

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that we wish to form a trust, a monopoly, and that we intend to compel everybody to treat patients according to our own methods. How absurd this charge is will be seen at once if I mention that in the New York State examinations, for instance, no questions are asked on therapeutics or the treatment of disease. We do not wish to interfere with anybody's methods of treating disease. We leave that to the conscience and good judgment of the individual physician. And our only demand is that they who undertake to treat human diseases show that they have spent some time on the study of the anatomy and physiology of the human body and on the pathology and symptomatology of its diseases.

Our examination questions are only on subjects which admit of no discussion, which are accepted by everybody, the same as problems in chemistry or physics are universally accepted. All uncertain or debatable points are entirely left out from our examinations.

WE MAKE MISTAKES.

Another charge against us is that we make mistakes, that we do not always diagnosticate the diseases correctly and that we do not always treat properly. That is true. We do not claim to be infallible, we do not claim to be omniscient. Medicine has not yet reached finality, medicine as a science is, as I explained many times before, but half a century old, and some diseases are so obscure, so complex, that with the present state of our knowledge a mistake is occasionally unavoidable. But we are fighting hard to remove the veil from Nature's secrets and every year we know more and more, and our mistakes are becoming fewer and fewer.

Please remember that it is but yesterday that we began to use the same methods in investigating medical problems that are used by other exact sciences. And our reward has been rich indeed. To mention but one of the scourges of humanity, namely, syphilis. We have learned more about that disease in the last five years than in the preceding 500 years. The cause of the disease—the spirocheta pallida; the best means of diagnosing the presence or absence of the disease in the system—the Wasserman test, and one of the most powerful remedies in the treatment of the disease—606 or Salvarsan—have all come to us within the last five (to be more exact, five and a half) years. The same may be said about cerebro-spinal meningitis. Three years ago we stood before that monster humble and helpless; now, thanks to Flexner we have a powerful weapon, and we wrest many victims from the monster's clutches. And I venture to say that if in five years from to-night you arrange a similar dinner, I shall be able to tell you of some very remarkable discoveries made between March 15, 1911, and March 15, 1916.

But do the quacks, the irregulars, and those who believe with them, appreciate the fact that when they announce with glee

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that physicians make mistakes, they thereby pronounce their own doom? For, if physicians who have spent several years in preparatory studies, who have had years of practice, who have every possible diagnostic instrument, who call to aid the chemical, pathological, bacteriological and biological laboratory, make mistakes, how can the quacks and faddists expect rational, sane people to believe that they, who have not any of these advantages, can diagnose correctly and treat properly?

PERSONAL EXPERIENCE SHAPES OUR OPINIONS.

We are no more responsible for our honest opinions than we are for the color of our hair, the length of our faces, the girth of our chest. Our opinions are the conglomerate result of heredity, environment, our bringing up, our companions and friends, the school we attended, the lectures we have heard, the books we have read. Our personal experiences have a tremendous influence on the shaping of our opinions. And it is possible that the unfavorable opinion which some laymen have of the medical profession is due to some unpleasant personal experience which they have had with some member. And it is possible that the favorable opinion I have of the medical profession is due to my exceptionally favorable experience with my colleagues. God gives us our relatives, our friends we choose ourselves. But I can truthfully say that the physicians whom *I* call friends are not guilty of the things with which our opponents are fond of charging the medical profession. I can sincerely say, that the physicians whom I know, are noble-minded and sincere, are always studying and investigating, are sympathetic with the suffering, are up to the minute with all the latest advances in medicine, are careful and conscientious in diagnosis, are rational in their treatment, using drugs only where distinctly indicated, employing every hygienic measure, relying, to a great extent on good nursing and dieting, and upon the vis medicatrix naturæ, never prolonging a disease, never making an unnecessary visit, never operating or advising an operation unless positively indicated—in short, they are honest, capable men to whom the public can entrust their bodies with implicit confidence. Of course there are incompetents, and there are dishonest men in the medical profession, as there are in every profession, in every trade, in every line of human activity. But when we judge of a profession we judge it by its highest representatives, or at least by the rank and file, but certainly not by its worst specimens. And the rank and file of the medical profession is sound to the core. It is sincerely desirous of learning and advancing, it is sincerely desirous of doing its best for humanity. It reads, studies and investigates and is earnestly doing the best that can be done.

THE SPECTRE OF THE 17th CENTURY.

The trouble with our friends is that they set up a man of straw and then proceed to demolish him. They see a medical

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spectre of the 17th or 18th century and imagine that that is the physician of to-day.

Just as some of our free-thinking friends see a Torquemada in every priest or minister—they will not admit that there are quite a few decent people among the clergy of to-day, people with broad minds and big hearts, intensely interested in the welfare of humanity; just as our anarchistic friends still see a Phillip the Second or an Ivan the Terrible in every ruler—you cannot make them believe, for instance, that George V and William H. Taft are quite human, and, while certainly no geniuses, are at least as intelligent as the average Englishman or American,—so our anti-medical friends see with their mental eye an old, bewhiskered gent (Elbert Hubbard who has become one of the most obnoxious of quacks always pictures the doctor as a man with whiskers) with a big syringe, with a blood-letting lancet, with chisel and saw, with powerful emetics and cathartics, with balls of opium and pocketfuls of calomel; a gent without any culture, narrow-minded and hide-bound by tradition, without any knowledge of hygiene or sanitary measures, having no idea of ventilation, fresh air, dietetics, the power of suggestion and the other immaterial agencies. Such is the picture some of our friends have of the modern medical man, or at least that is the picture they try to show to a gullible public—and they proceed to hammer it, stab it, tear it to shreds and tatters and to show to the same gullible public their own superiority. No wonder they succeed.

That the picture is false and distorted—maliciously or ignorantly—goes without saying. The physician of to-day is a cultured man with a good preliminary education—and the entrance requirements are getting higher and higher—a good medical education, and he is a critic, a skeptic and quite often he is a true scientist.

That we do not yet know everything, that some diseases, cancer for instance, still baffle us, is true. But there is a great difference between not knowing everything and knowing nothing, and as said before, every year we learn a little more. But one thing is sure: What WE can't do, the quacks and irregulars surely cannot.

WHAT WE HAVE ACCOMPLISHED.

I have touched upon and answered the charges which our enemies are making against us. Let me now devote two or three minutes to a consideration of the benefits which we have conferred upon humanity, but which our enemies forget to credit us with. To state that medicine is advancing from year to year, and that from year to year we are improving in our diagnosis and treatment of individual patients must be in the nature of a mere assertion, for our enemies deny it. There are two things, however, which they cannot deny—for the *world* has them on record.

One is that wherever medical science is in an advanced state

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the mortality rate has been enormously reduced. The second is that by having conquered the mysteries of the transmission of malaria and yellow fever, and by applying rigid sanitary measures, we have rendered many tropical and subtropical places habitable which were uninhabitable before, and have converted many pest-holes into the healthiest spots on the globe.

Let us see what the reduction of the mortality rate means. I shall not go very far back, tho the figures would prove more striking and more startling. But right here in New York City we have within the last fifteen years reduced the death rate per 1000 inhabitants from 25 to 16. In other words, instead of 25 people dying every year per each 1000 inhabitants, only 16 die—a saving of nine per thousand—or 9000 per million, or 36,000 per four million—the population of New York City. What an annual saving of human lives it makes thruout the country or thruout the civilized world you can calculate for yourselves. For everywhere is the same story. In Berlin, for instance, the mortality rate fell in 25 years from 33 to 16—a saving of more than 50 per cent; in Munich from 41 to 18 and so forth and so forth. Our statisticians are in the habit of estimating the value of human lives in dollars—at such an age we are worth so much, at such an age so much. To me this method is rather revolting—revolting in itself, and because in my opinion many lives are worth nothing, others are worth less than nothing, in other words, have a negative value, while others are worth not four thousand dollars—which is the highest value put on a human being by the political economists—but forty millions. But if you are fond of estimating the value of human lives in dollars, you can readily see how many billions we save to the world every year.

As to the places which have been converted from pest-holes into summer resorts, with summer resort mortalities, we need only point to Panama. And it is not the quacks and the detractors of scientific medicine who have done it, but the regular physicians and the sanitarians who work hand in hand with us.

CONCLUSIONS.

1. The medical profession of the present day is fully alive to its duties and its responsibilities.

2. Medicine of to-day is thoroughly scientific in its methods, employing the same means of experimental investigation and demonstrations as are employed by the other exact sciences.

3. Medicine of to-day is not shackled by the chains of authority and tradition. On the contrary, every dictum of any so-called authority, any statement regarding any drug or method of treatment, which has been handed down for ages from text-book to text-book, is called into question, is carefully analyzed and dissected, and if found wanting, discarded. Many drugs which were considered standbys by our forefathers have been thrown out from the Pharmacopeia, tho they may still be used by old grannies.

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4. The profession of to-day is broad- minded and is willing to investigate any remedy or method of treatment, no matter from what source it may come; it is willing to give a trial to any suggestion if it has a grain of common sense in it; even if the suggestion comes from a quack.

5. The evils which the medical profession is guilty of are not inherent in the medical profession as such; they are the result of our social conditions, of our immoral competitive system, which makes men fight and cut each other's throats in order to make a living, and these evils are much more in evidence in other trades and professions; the legal profession for instance.

6. The medical profession not only does its duty by the public, alleviating suffering, restoring hundreds of thousands of men and women to health and active useful lives, but we are making progress from year to year, we are making new discoveries, dealing with the larger problems, increasing the average duration of life, improving sanitation, etc. In short, we deal now not only with individual, but with national problems.

7. In judging of the life of any man, of the activity of any party, of the value of any movement, of the achievements of any profession, we do not take any single acts or incidents, but we take the sum total. If we take the sum total of the activities of the medical profession, if we subtract all its shortcomings, if we admit even everything our enemies say about us, the balance of good is overwhelmingly in its favor, and it can truthfully be said to be the most beneficent, the most progressive, the most humane and the most altruistic of all professions.

And therefore to the question: What is the matter with the doctors? I must answer:

There is nothing the matter with the doctors. They are all right!

A Flesh Diet versus Vegetarianism.

BY CHARLES S. PURDY, M.D., BROOKLYN, N. Y.

The November number of the CRITIC AND GUIDE was especially fine, which is saying much when we consider how very good they all are, but your comment of the International Vegetarian Congress is unworthy of you. You say: "Theoretically we have the fullest sympathy with the vegetarian movement." Why only theoretically? It seems incredible that a man of your great knowledge of every thing pertaining to the subject of health and disease can be less than a pronounced vegetarian in practice as well as in theory. But may be, that in your haste to learn all there is to know you missed or at least slighted your physiology. I am aware that this great study is put down in the medical schools as a primary subject, when it should be the chief study of the course, still that does not excuse you entirely for neglecting it.

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I appreciate the feeling of revolt which you experience at the thought of the "slaughter of innocent animal life," but that borders on the hysteria which you justly commend as being absent in the papers read at the Brussels Congress. This question of cruelty should never enter into the subject of a flesh diet, for it only befogs the real issue, which is that flesh foods are impure and unnatural. If it were otherwise; if the eating of flesh was at all necessary, we should be justified in killing to the limit of our needs. The only cruelty consists in educating innocent children to tolerate this unnatural and injurious class of foods. This is especially true of raw beef juice and beef tea. There are some physicians even, who still prescribe these diet monstrosities, but that is because they remember the nonsense heard in their unfortunate childhood, and have forgotten the little real knowledge which they learned in their too meager college instruction.

It is my opinion that a physician who will prescribe raw beef juice for an infant is as little fit to doctor the sick as I am to contend for the heavy-weight honors of the prize ring. You further say: "And we do hope that in the future a complete and in every respect equivalent substitute for meat will be found." Is that intended for a witticism, or is it just plain every day ignorance? I hope it is the latter, for you are so very wise about many things that I shall be glad to believe that you are "off" on at least one subject. Still, you must be aware that nearly all the non-meat foods are superior to any flesh food; so superior in fact that even meat eating animals like the dog, whose history, anatomy and physiology show that he is designed by nature to subsist entirely on flesh thrives better on a non-flesh diet. The improvement in the dog is due almost entirely and primarily to the fact that we have to a great extent deprived him of his natural but impure food and forced him to eat food containing as little as possible of meat. Left to his own desires he will eat nothing but flesh foods, resulting in his becoming a vicious brute or dying from uremic poisoning, depending upon the kind and quantity he is able to get. And this in spite of the fact that his very simple stomach and intestinal tract as well as the secretions of these organs are especially designed by nature to take care of this class of foods. And if a non-meat diet because of its greater purity is better for the meat-eating dog, how much better it must be for man, whose history, anatomy and physiology prove conclusively that he was never intended to eat meat at all. I know you admire Huxley, from whom permit me to quote the following: "The country boor says he must have meat to make muscle, and all the time his vegetarian team is twitching him and his plow along the furrow; I wonder where he thinks they get their muscles from."

As a profession we are constantly patting ourselves upon the back while we tell of the wonderful benefits we are conferring upon mankind, but as long as we continue to encourage the use of meat and milk, the little good we do is more than

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offset by the harm these products cause. Just now many thousands of deluded people are making a battle ground of their intestines by sending down into that much abused tract millions of the so-called lactic bacilli. I say "so-called" for the reason that this now highly favored bacillus has been shown to be only the common filth germ found in sewers and in the feces of cows.

Dr. Metchnikoff made the wonderful discovery that some Bulgarian peasants were thriving on black bread and sour milk, and jumped to the conclusion that it was the sour milk that made them well and strong. If he had not gone off at half-cock he would have seen that it was the black bread and fresh air that kept them hearty; that the degree of good health which they enjoyed was in spite of the spoiled milk and not because of it. And physicians all over the world who have "fallen" to this foolish fad are also going off at half-cock, and one of these days will wish they could forget their connection with it, for just as sure as that Metchnikoff is now making a little money from the sale of these sewage germs, just so sure will the time come when he will realize that it does not pay to jump at conclusions. Is it any wonder that such fakers as Bernarr McFadden are listened to when the medical profession go into the sewers for remedies?

A Reply to Dr. Purdy's Article.

Now here is a nice article from a nice typical vegetarian. There is one trouble with the vegetarians: they are, like all zealots, irascible. They cannot stand any criticism. Nevertheless, I like them. They are good people and they mean well.

As to Dr. Purdy's article it is, as I said before, a nice article only it contains a number of inaccuracies, implied and expressed. He may use the strongest adjectives, he will not succeed in convincing the non-fanatic that meat is distinctly and palpably injurious. We see too many people who are meat eaters and who are in good health, and we do not observe that among individual vegetarians or vegetarian nations disease and ill-health are absent or less frequent than among us. We can also bring up the well-known argument that the nations who consume the largest amount of meat—the English, the American, the Germans, etc.— are the highest nations intellectually and physically. Of course, the vegetarians would answer: this is not *because,* but *in spite* of the meat. But where is the proof? After all, if a meat diet were so utterly bad, and a vegetarian diet so utterly good, we would expect the vegetarian nations to excel the meat-eating nations in physique and in intellect. Do they, Dr. Purdy?

That an excess of meat is injurious, is freely admitted. But because a large amount of meat is injurious, it does not follow that a lesser amount is also injurious, tho less so. Twenty gallons of water a day would prove very injurious to everybody; it does

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not follow that one gallon would prove 1/20th injurious; on the contrary, it would prove highly beneficial. That meat is capable of sustaining life, needs no argument. It is sufficient to mention the carnivorous animals, which subsist on it excusively, and are strong and agile. And it is a peculiar thing that all those nations who are small meat eaters—like the Italians—make up for it—instinctively?—by consuming large amounts of cheese, which is a heavy animal proteid food.

As to our friend's strictures on milk, I am utterly unable to understand them. All young animals, including children, subsist on milk and on milk exclusively. It carries them thru the tenderest and most dangerous period of life. They *could not* live without it. If this is so, if milk is such an important food in early infancy, what makes it all at once so injurious in adult life? It may not be so *necessary* in adult life, but why injurious? No, Dr. Purdy, mere ex-cathedra assertions will not do. We want real arguments, based on facts.

As to the lactic acid bacilli and sour milk therapy, they are outside of the present discussion. But I can assure Dr. Purdy that the thousands of people who are making a battle ground of their intestines by sending down that tract millions of bacilli, are very genuinely benefited thereby. Some would not give up their sour milk for anything. Suggestion? Delusion? But this could be applied to any food, to any remedy. The people lose their dyspepsia, their kidneys functionate better, they lose their headaches, etc.—what else do you want? If Dr. Purdy will permit me a joke, I will ask him this question: Why does he object to lactic acid bacilli? He is surely aware that they belong to the vegetable, and not the animal kingdom?

In conclusion: I like the vegetarians and I sympathize with the vegetarian movement on moral, esthetic, or if you wish, sentimental grounds. I hate to think of the killing of a cow or a sheep—I visited the stockyards in Chicago—and the process must necessarily brutalize the people engaged in the trade. But from careful study, investigation and observation, I am obliged to maintain that a mixed diet, with a moderate amount of meat, is the best for mankind. If I became convinced that an exclusively vegetarian diet is the best for physical health and *intellectual efficiency*—I consider the latter much more important than the former—it would not take me ten seconds to forswear meat for ever and aye.

Quality versus Quantity.

BY IRVING D. STEINHARDT, M.D., NEW YORK.

Is it not time for the medical educators to give some thought to the question as to whether the medical colleges shall turn out a great number of graduates or fewer graduates who know something when they are given their diplomas? Also should not

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the state licensing boards give some thought to this subject as regards giving the graduates the right to practice medicine even after they have received their diplomas from their respective medical colleges? Does raising the educational requirements for admission to the medical colleges raise the quality of the future doctors? Or would raising the standard of the curriculum in the medical schools raise the quality of the future doctors and lessen the number graduated? The latter seems to be the practical way. Many a candidate for the honored degree of M. D. may be a poor student when other than medical subjects or its allied sciences are put to them to be learned, and yet be a veritable bookworm in the pursuit of knowledge pertaining to medicine. A great deal is said and written about the necessity for previous study and college degrees for the candidate for the degree of M. D. so as to assure the laity that the medical man is a well educated individual, and this is very nice when it can be so; but what we need first are medically well educated doctors with fine previous education, if we can get them that way, but without it if that is the way the best come. The public's interest in the matter can thus be best expressed. College men do not necessarily make the best doctors, nor is this true as regards non college men. But good doctors can come from the ranks of both, and therefore it is wrong that this latter class, by far the largest, prevented by various reasons from obtaining a preliminary college education or minor degree be barred from the study of medicine. The weeding out process of the unfit should take place first in the medical school and lastly in the licensing board's examination. Medicine and all that pertains to it such as biology, embryology, etc. should be taught most thoroly in the medical school both didactically and practically, and the student's actual term work in the recitation room, in the laboratory, in the dispensary and in the hospital should be most carefully marked, and his term rating should have to be up to a high standard to allow him to participate in the year's end examinations for advancement. Let the marking for the term work and the examinations, both written and practical, be "stiff," making it so far as medical men are concerned "a survival of the fittest" and not as seems to be the tendency at present in raising the entrance requirements "a survival of the richest". We don't want the profession to be merely one for the sons of the wealthy who feel that they do not want "to go into trade." We want therefore as medical students both rich and poor young men who so far as fitness to be physicians is concerned, will have to pass thru first the weeding out process of the medical schools, and then the still finer weeding out process of the licensing boards. Incidently the examinations of the licensing boards should be not only written but also include practical work in the various branches of the profession. They could therefore be held in some hospital and clinic.

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Sexual Incompatibility the Cause of Divorce.

BY ARTHUR C. JACOBSON, M.D., BROOKLYN, N. Y.

Undoubtedly at the bottom of many of the divorce cases which swamp the courts of the country is sexual incompatibility.

What is sexual incompatibility?

When properly mated neither the man nor the woman should feel that there is anything lacking in his or her sexual life. The sexual instinct should be satisfied and the sexual psychology normally balanced. When sexual congress is followed by remorse, disgust or anything morbid in feeling, or when it is preceded by artificial restraints of any kind—frequently observed in women—and when these mental reactions are persistent, then sexual incompatibility may be said to exist. In the majority of cases the immoral relationship is continued, only those who are determined to adjust their lives properly seeking relief in the courts.

Now we wish to say a word as to what we consider the real cause of incompatibility. Most men maintain the traditional attitude toward their wives, that is, they expect women to subordinate themselves and to make themselves mere echoes of their lords and masters. Of course they are disgusted, in the end, with their own handiwork. With the general declension of a woman's character under such circumstances what wonder that even sexual character is sacrificed. Why should a woman possess any sexual aggressiveness who is not permitted to express her individuality in any other way (we use the term aggressiveness merely to express the idea of sexual interest, perhaps initiative)? Of course her natural tendency toward the passive rôle becomes pathologically accentuated. Men find themselves mated to women taking only a languid and occasional interest in the sexual life—perhaps none at all, and deliberately elect to minimize such interest still further. We say deliberately; we should better say stupidly. Neither these fools nor their wives understand what the trouble is and an unwholesome sexual relationship is gradually developed until oftentimes the situation becomes intolerable. It is a question who suffers the more, the man, with his powerful instincts imperatively demanding expression, or the woman, with her sensitive emotional nature.

Doubtless most women at the time of marriage are devoid of strong sexual instincts. Tradition, training and breeding all operate to suppress artificially what is none too strong naturally. Then begins the "home life," than which one could hardly imagine anything better calculated to kill a woman's individuality and make of her a mere vegetating organism—if it be home life and nothing else. Tradition permits her to go outside of the home to such places as possess no possibility of shattering the old standards, such as the church. Charity work has also been permissible. Now as to whether such activities can properly be held accountable for some of the character deterioration of women

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now under discussion we do not think can be seriously doubted by thinkers who are willing to lay aside for the nonce conventional methods of judgment and look squarely at the bare, bald facts in the case.

As to the deadening influence of the church, that need hardly be discussed. It is patent to all. Recently many of the best types of clergymen have awakened to the necessity of bringing the thought of the church into line with modern problems. Thus we see in a number of instances ecclesiastical attempts to take up social problems with some thoroness and earnestness. But these problems have to be dragged in by the ears. There is nothing spontaneous about the process. *The church never originates anything itself of this nature,* and until recently kept its hands off everything except what it narrowly understood to be God's business. The attempts now being witnessed to make of the church a living thing and to endow the worn out institution with a social mission are bound to prove pathetic failures.

And what shall be said of charity? Of charity, that palliates where radical cure is perfectly feasible. Of charity, that pauperizes and debases when the restoration of decent industrial conditions is the only rational indication. Of charity, that is one of the greatest forces to-day acting to postpone a sane social readjustment. What shall we say of it that is not unqualifiedly condemnatory? Who cannot see in charity the sinister hand of a church that preaches "Behold, the poor will ye always have with you;" of a church that places alms-giving above faith and hope; of a church that insists that it is better to give than to receive, a specious but vicious instance of ecclesiastical cant; of a church that has cunningly and successfully placed immediate palliation, as a criterion of moral and spiritual excellence, far above rational efforts for fundamental reforms and has thus set back the hands of the clock of progress a hundred years or more?

What have these things to do with sexual incompatibility, the curse of half our families? They have everything to do with it. In so far as they debase the characters of our women, in so far do they impair their capacity to live the full lives that should be theirs by every natural right. Our women are made not alone sexual cripples by the false institutions of society, but they are intellectually hamstrung as well. Not until woman frees herself from the traditional fetters and attains her full status as a human being will marriage realize its purposes.

What has stood in the way of teaching sexual hygiene to the young, if it has not been the hellish doctrine that men are conceived in iniquity and born in sin? From whence came that doctrine if not from the church? How teach the young wisely and safely what the church declares essentially unclean? Was there ever a greater libel uttered against the mothers of the race than this? Who to-day shall apologize for it? Who among the intelligent fail to see its tremendous bearings on the marital life

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of many to-morrows, ere the lie is finally crushed out of the minds of the credulous?

There is nothing nobler in the world than the sexual function. There is nothing more sacred. Not the church, nor charity, nor the stilted home life of the conventional woman, is so essential to the life of man as his sexual requirements. To the end that they may be adequately met the emancipation of woman is imperative.

All know that there has been something the matter with the women of the race; that they have not reached their great destiny in the world. For what are they now working so feverishly? For many, many things other than they profess. Make no mistake about it. Remember the superior insight of woman. She is fighting for the larger life that she knows is essential to the happiness of her *daughters* and that so many of her sisters, perhaps herself, have missed. If only the daughters may find the bluebird—there, there, is the secret of her agitation and her quest!

Genital Lesions not due to Ordinary Venereal Diseases.

BY A. L. BENEDICT, M.D., BUFFALO, N. Y.

Consultant in Digestive Diseases, City and Columbus Hospitals, Attendant Mercy Hospital.

Dr. Wm. J. Robinson's interesting article on Chancroids due to a Peculiar Cause, in the April issue of the CRITIC AND GUIDE, leads me to report the following cases which were observed incidentally in patients under treatment for conditions properly belonging to my practice.

1. Small linear incised wounds of the glans, reappearing after warning to look out for the interference of hairs, and finally explained by the use, by his wife, of a *metallic cervical obturator* which had become corroded by bichlorid solutions.

2. Phimosis with edema of the prepuce and purulent discharge from beneath it. Only recent intercourse with fiancée who was supposed to have been virginal. Negative examination for gonococci. Explanation: traumatism and non-specific infection with ordinary pyogenic germs, in rupturing hymen.

3. Polish laborer, impotent for six months, married. Physical examination accidentally revealed a peculiar purplish, glazed condition of the glans. Microscopic scrapings showed this to consist of spores and mycelia of a hyphomyces, genus and species not determined, as the appearances did not correspond to those of the ordinary pathogenic fungi. This condition is frequently alluded to by the laity, but rather as a figure of speech to cast reproach on one supposed to lack virility. I have never seen another case, tho in general practice for five years prior to 1893, and with a transition period of a couple of years afterward.

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The Banquet Table

Some congenial physicians, tired of the deadening drudgery of a physician's life, decided to meet at more or less regular intervals, to dine together, to exchange impressions, in short, to have a jolly restful time. It was suggested that each of the members of this informal club prepare for each meeting a brief article—even of only a few lines— for the amusement of his fellow members. The article should preferably be a mild satire, or a comment, on some of the evils of our profession, or on the folbles of our leaders. Some members objected on the score that they could not write. They were told that an interesting or amusing clipping would do. It was decided to print the member's contributions in the CRITIC AND GUIDE, and we are glad that our readers will be able to participate one a month in this feast of wit and good humor.

Willie's Warning.

The guests were gathered around the Banquet Table. They lit their cigars and cigarettes. Dr. R. also lit a cigarette. "And now let me read something," he said. "It is a gem. It is from the pen of an M.D.—a lady M.D. Her name is Nina Case Baierle. Her name should become immortal. The title of this gem is "Willie's Warning", and is clipped from the Boy Magazine. It was sent to us by Dr. Morehouse of East Orange, N. J. It will show on what splendid intellectual pabulum our future citizens are being fed. But let us not waste time." And here is what Dr. R. read to us.

"Mother! Mother! Look quick!" cried Willie, bounding in at the kitchen door. "Something awful is happening over at Mr. White's. Two men who look like doctors drove up in a carriage and went in. When they came out they had Harold with them, and, oh, mother! he looked dreadful! They could hardly get him into the carriage. His father tried to help, and all the time he and his mother and sister were sobbing. Mamie begged the men not to take him away. "See! There is the carriage going now!" he continued, as his mother reached the door.

Mrs. Hamilton looked long and earnestly after the retreating carriage, then at the gloomy, desolate house opposite. With a deep sigh and an anxious, troubled face, she turned murmuring, "Poor boy!" "Poor mother!"

"Are they taking Harold to the hospital?" asked Willie eagerly. "Mamie told me yesterday that he was very ill."

"Worse than that, dear. It would be much better if he had died and were being taken to the cemetery," replied Mrs. Hamilton.

Then, without looking at Willie, she said suddenly in a very grave tone, "Run upstairs to my room and bring that package of cigarettes that I found in your pocket last night while mending your coat. You will find it in the right-hand corner of the top bureau drawer."

Willie's face underwent a remarkable change. White to red, then to white again. Without a word he turned and went slowly upstairs.

"Oh, why did I ever get them!" he moaned. He was just learning to smoke; all of his playmates smoked and laughed at him until he began. He had taken his Sabbath-school money to purchase this package. They had made him sick and he had felt unlike himself ever since.

Mrs. Hamilton had noticed how pale he had been, how little he ate and his frequent absence from the house, but had suspected nothing until she had found the cigarettes the night before. The boy had meant to hide them but forgot them and left them in his coat.

As she sat waiting, she earnestly prayed for wisdom to know how to help her boy. He was a long time in returning, and when he did, it was not her frank, sunny-faced lad; but a guilty, miserable, sneaking boy who handed her the package.

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"Willie, look at them! They do not look especially harmful, but *they* are the cause of Harold's being taken away this morning. They are *not* taking him to the hospital, but to the insane asylum. Think of it! Only sixteen and hopelessly insane! Wrecked physically and mentally! Now he must be shut up all his life, away from them that love him, away from the sunshine, and flowers, and the bright, beautiful earth; shut away with his dark mind from his books, music and ambitions. How old are you, Willie?"

"Thirteen in July," he answered soberly.

"When Harold was thirteen he was graduated from grammar school, the youngest and brightest boy in his class, ready for high school. The pride of his parents, and the joy of his friends. Now, poor boy, his career has ended in darkness! His bright mind and brilliant prospects are ruined by smoking these harmless looking cigarettes."

Silence reigned for some time. Willie had seated himself in his accustomed place on the footstool, with his head in his hands, in his mother's lap, while her white fingers strayed tenderly through his tangled curls.

"Must I lose my dear boy the same may?" she asked sadly.

"No! no! mother," sobbed Willie; "I will *never, never* smoke again." Then followed a broken confession of the sinful steps taken and an earnest prayer for forgiveness and victory and a pledge to his mother for the future. To-day Willie Hamilton is a leader among his associates. He has kept his pledge.

Isn't it beautiful? And the author of it is an M.D.! Such things make us sometimes fearful of the results of woman suffrage.

A Non-Legal "Process".

WILL B. WILDER, in *The Docket.*

Yon Yonson was a poor man. Occasionally the thought of what would happen if he should be laid up with sickness, or if he should meet with an accident, worried him a little, tho generally he plodded along without giving much thought to such unpleasant possibilities. He was a good worker, and he had the fighting courage of his Viking ancestors.

One day a representative of the United Brotherhood Association called upon Yon Yonson, and asked him to join. Membership carried with it an insurance clause.

"If you should have an accident and break your leg, so that you couldn't work, you'd get a hundred dollars from the Association," said the agent.

"Dat ban fine," said Yon Yonson. "Dat ban too fine to be true. Ay tank you lie."

"Straight goods," said the agent. "You pay me a dollar a month, and any time that you break your leg and get laid up you draw one hundred dollars from the Brotherhood. Cheaper to break your leg than not."

"Dis ban great country," said Yon Yonson. And he signed the contract.

Before long, in the course of human events, Yon Yonson actually did break his leg. At least, that is the way it felt. And that was what the doctor told him. He chuckled to himself

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for a week as he lay in bed. Such luck! Then he sent for the agent of the United Brotherhood Association.

"Ay tank ay take that hundred dollars now," he said.

The agent looked glum. He hadn't quite believed in the contract, any more than Yon Yonson had at first, and the idea of giving up one hundred perfectly good dollars was distasteful. If the contract was drawn so that he couldn't get out of paying real money on it, somebody at headquarters ought to learn his business. He went away and talked to the doctor, and consulted another doctor who drew a salary from the Association, and then he went and told Yon Yonson that he was laboring under a mistake in supposing that his leg was broken. "It is only what is known to the medical profession as a Pott's fracture. Nothing to speak of."

"Ay tank Ay break my leg," said Yon Yonson.

"Not at all," said the agent. "You read your contract."

"Ay ban poor man," said Yon Yonson quietly, "but Ay tank Ay fight. Ay sue you in de court." Which he did, accordingly.

He brought an action in the District Court. "Of course the man broke his leg," said the District Judge. "He is entitled to the money."

"Ay tell you so," said Yon Yonson. "What for you make me so much trouble?"

"The case isn't settled yet. We'll see about this," said the United Brotherhood Association; and it appealed the case to the Supreme Court.

The Supreme Court listened to the review of the case.

Said the attorney for the Association: "The contract which Yon Yonson signed expressly provides that the breaking of a leg is defined to be a breaking of the shaft of the thigh bone between the hip and knee joints, or the breaking of the shafts of both bones between the knee and ankle joints. Now, Mr. Yon Yonson sustained a Pott's fracture. That is, he broke one of the bones between the knee and ankle joints; the other bone was broken, but not across the shaft. It was fractured across the head of the bone. This is known technically as the 'malleolus process,' and is in reality a protuberance from the head of the bone. The contract says nothing about the malleolus process. That lets the Association out."

"Your honor," said the attorney for Yon Yonson, "the doctor testifies that there was a complete solution of the continuity of both bones. If that doesn't mean that both bones were broken, I give up the case. What is the malleolus process, if it is not a part of the bone? At what point can the line be drawn between the shaft of the bone and its extremity? If the malleolus process was broken, the bone was broken."

The Court considered. "The malleolus process," it said judicially, "is the malleolus process. The shaft is the shaft. A contract is a contract. The law is the law. Judgment for the appellant."

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"I told you so," said the Association tauntingly.

"Ay skall learn to read English," said poor Yon Yonson thoughtfully.

Don't you believe it? See Peterson v. Modern Brotherhood of America, 101 Northwestern, 289.

[Are you surprised that those who are used to thinking independently sometimes experience deep contempt for the courts and for law in general? Law *should* be and in the future *will* be synonymous with equity, justice and common sense. It is not so now.—Editor.]

The Layman and 606.

We are indebted for the following to the Editor of the Medical Standard. When the layman begins to dabble in medicine he is certainly delightful. The editor's Note by the Way is as follows:

Apropos of lay treatment of medical subjects, we commend to our readers the following sample, abstracted from an account of the Ehrlich-Hata remedy which appeared recently in one of our popular monthly journals, written by a layman:

"The treatment is simple and results are almost instantaneous. A little golden yellow powder, carried carefully in a vacuum tube, is dissolved into a liquid. This part of the process is extremely important and should be performed only by one who has had experience. The liquid is then injected into the muscles or veins, hypodermically—preferably half into the muscles and half into the veins. A little soreness and headache results; nothing more serious. The patient, we will say, goes to bed that night as usual. In the morning he awakes. He wonders what has happened. 'I feel well!' he exclaims. 'I feel the way I used to, twenty years ago.' Can it be a mocking dream? He rubs his eyes. No, it is not a dream—it is a reality. In twenty-four hours or perhaps a little longer, one injection has cured him. His sores heal; he gains his normal weight. He is a man again—the infallible Wasserman test shows it."

We call attention to the delightful insouciance of the reference to the "little golden-yellow powder," and airiness with which its preparation is described. It seems hardly necessary to restrict its performance to "one who has had experience." Then the dramatic denouement—half drama, half comedy—so that one can almost hear the hysterical stage-laugh as the author, with a figurative stagger backward and a raising of the arm to heaven, exclaims, "He is a man again—the infallible Wasserman test shows it!" How devoutly every medical man wishes the Wasserman test were that infallible!

Nature's Creation—A Typical Fraud.

The Journal of the American Medical Association, February 4, contains an exposé of this fraud, which was originally ex-

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ploited as a cure for syphilis but was switched over into the "consumption cure" class after the public interest in tuberculosis had made it profitable. It was then advertised "for tuberculosis only." A former examination of the stuff in the Association laboratory showed that it was essentially a solution of potassium iodide in a weak alcoholic medium with vegetable extractives and flavoring matter, with small quantities of inorganic salts. In the past it has been given publicity by large display advertisements in the newspapers. Recently the method of using a "blind" advertisement in the classified columns of the newspapers has been adopted. A copy of one of these as it appeared in the "Business Personals" column of papers all over the country is as follows:

> PERSONAL—TO CONSUMPTIVES: I possess information which cost me a fortune, and feel that I should let every consumptive know about my experience. Mrs. J. M. Reynolds, Central National Bank, Columbus, Ohio.

Those who answered this advertisement received a letter written on pale blue stationery signed "Mrs. J. M. Reynolds," with gilt monogram, stating that she has cured herself by a certain combination of roots and herbs "in defiance of the world's scientists" and is now devoting herself to saving others. It is impossible for herself to attend to the inquiries and she has referred it to her secretary, and by the next mail comes a letter from the Nature's Creation Company, signed H. W. Campbell, secretary. It was the H. W. Campbell Company, then of Chicago, that exploited the syphilis cure a few years ago. The *Journal* is specific in its charges of fraud in this exposé and reproduces photographic copies of testimonials in the Nature's Creation booklet together with newspaper clippings telling of the deaths of some of the testifiers. It also publishes a list of testimonials of those who have used the remedy without benefit and who gave their opinions of it, which certainly would not be utilized by the company. A list of names of persons who have taken the remedy and the dates of their deaths collected by the Columbus Board of Health is also given. All these deal with only one locality, Columbus, Ohio, but the remedy is being advertised all over the country.

The attention of the gentlemen of the press who think that their responsibility extends no further than their editorial columns is respectfully called to one of these unfavorable testimonials. Without the aid of the press these frauds would die, and this one is only a type of many others.

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THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

Herpes Zoster.

Give salipyrine in ten-grain doses every four hours. Paint the affected area with a one per cent. solution of morphine in flexible collodion. Give iron during convalescence.

Said to act sometimes like a specific in sciatica.—Fifteen drops each of oil of turpentine and oil of gaultheria t. i. d.

In chorea remember that the presence of enlarged tonsils favors the continuance of the disease, as well as relapses.

In Neurasthenic Headache.

In the treatment of neurasthenic headache avoid opium, antipyrine and other powerful drugs, on account of the excessive liability of neurasthenic patients to drug habits. Cold alcoholic compresses of alcohol carrying menthol in solution should be preferred.

Laxative Compound.

℞	Phenolphthalein	gr. cxxviii;
	Salicylic acid	gr. x;
	Chocolate	ʒ j;
	Syrup of acacia	q. s. adʒxvi.

The chocolate, after melting, is mixed with the syrup, after which the other ingredients are added. Each drachm contains a grain of phenolphthalein. Must be dispensed with a shake label.

Expectorant Mixture.

Expectorant Mixture for children with bronchitis or bronchopneumonia:—

℞	Ammonium carbonate	gr. xvi;
	Wine of ipecac	ʒ ss;
	Compound syrup of squills	ʒ i;
	Syrup of senega	ʒ i;
	Syrup of tolu	ʒ iv;
	Distilled water	q. s. adʒii.

M. Sig.: One teaspoonful every three hours (for a child two years old).

Sulphur as an Intestinal Antiseptic.

Sulphur is highly praised by Wild (*Proceedings of the Royal Society of Medicine*, December, 1910) as an intestinal antiseptic. Among its advantages Wild mentions the following: It is insoluble in the stomach and most of it passes the whole length

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of the intestinal canal; it is almost tasteless; it does not interfere with the digestive functions; it has laxative properties; it is cheap; it forms gaseous antiseptic substances, which penetrate all parts of the intestine, when the contents of the alimentary tract become neutral or alkaline.

Pituitary substance, made from the posterior lobe of the gland (Parke, Davis and Co. make a trustworthy preparation) sometimes gives marked relief in exophthalmic goiter. The tachycardia, nervous distress and headache are often lessened markedly.

Guaiacol (fifty per cent. in olive oil) makes an excellent application to gouty joints and venereal buboes.

For Rickets.

℞ Phosphori ..... gr. 1/10
Olei olivæ ..... ʒ i
Pulv. acaciæ .....
Sacch. albi ..... āā gr. c.
Aquæ ..... ʒ jss.
One teaspoonful t. i. d.

Equal parts of ichthyol and vaselin make as good an application as any in erysipelas. Antistreptococcic serum in doses of 20 to 30 c. c. at eight hour intervals is sometimes successful. The following prescription is a good one:

℞ Tr. nucis vomicæ ..... 5.0 c. c.
Hexamethylenaminæ ..... 4.0 grams.
Fl. ext. cascaræ sag. ..... 1.0 c. c.
Elixiris aromatici ..... 40.0 c. c.
One teaspoonful t. i. d.

For Influenza.

℞ Antipyrin ..... 10 grains.
Sacch. sod. bicarb. (N.F.) ... 235 "
Sacch. tartaric acid (N.F.) .. 115 "
Sacch. citric acid (N.F.) .... 115 "
M. f. mist. effervescens. Sig.: One teaspoonful in a glass of water every three hours.

Digitalis in Broken Compensation.

Windle discusses the variability of the action of digitalis in broken compensation. In many cases where the classical indications are present it fails to act. In mitral stenosis it is apt to be positively harmful, and in the heart failure resulting from arterial disease it often exerts no influence—or a bad one. Nevertheless, it cannot be surpassed in many cases, acting with rapidity and certainty in the removal of dropsy and the reduction in size of the heart.

The agency for the venereal prophylactic K packet is now in the hands of the Abbott Alkaloidal Company of Chicago. The retail price per tube is 25 cents.

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LETTERS TO THE EDITOR

Giving Information About the Prevention of Conception

Chillicothe, Ill.

Dear Doctor Robinson: — Have been a continuous reader of CRITIC AND GUIDE ever since I saw the first copy some six years ago. It is in a class all by itself. It is "different", and I am much inclined to take to things that are "different." I like its good horse-sense and the style with which it is handed out. And, now, knowing that you invite criticism as well as commendation, I am going to criticise just the same as tho I were capable of so doing. You tell us of so many things that should be done and that should not be done, of the most of which we are all painfully aware, but you do not tell us *how to do* or *how to prevent* these existing conditions. These are the essential things and the things most of us *do not* know. With your convincing language you lead us up to the full belief in your ideas regarding certain conditions and tell us plainly all the "why and wherefor" there is to be told and just as we are expecting to learn the all-important *"how"*, of which many of us are ignorant, you drop the case, "to be continued in your next" only with a reiteration of the same thing either by yourself or some colleague, all of you stopping just short of the thing we all want to know. For instance, you tell us all about the horrors of venereal and sexual troubles and give us long preachments about the benefits of prophylaxis, but fail to tell us what are the means and methods of said prophylaxis. By what means is the budding scion, who feels he needs must worship by Venus' burning altar, to prevent his erstwhile virtuous and immaculate body from acquiring the various and dire infections lurking in the many mucous folds behind the throne whereat he worships? I have just finished reading your "Never-Told Tales." Truthful tales, *every one*, and beautifully told. We have all seen these things, but *how* will we prevent it? Again, for years you have preached the prevention of conception and I heartily agree with you in all you say, but, here again you stop just short of what we all would know, i. e. What *is* your "safe, harmless and efficient means?" We all know of much good that should be done and would gladly do our share if we but knew *how* to effectually proceed.

Thinking there were some things that could not well be put in print I wrote you some questions, but answer to my inquiries is yet to be received. I am still "Missourian" and waiting to be shown that "safe, harmless and efficient" means of preventing conception, as I still have families, as every physician has, who stand in need of this priceless boon.

With hearty wishes for success in all your labors for humanity and assuring you of my sincere sympathy in your efforts, I am, Yours truly and fraternally,

OSCAR ALLEN, M. D.

P. S. I forgot to state that I am giving three cheers for "Anna" who writes so frankly, forcibly and *truthfully* in the last C. and G., and you will find *many* women who, if they speak the truth, can prove to you that there is no such wide difference in the sexual function and feelings of man and women.

O. A.

(For answer, see Editorial in this issue.)

Women Defending Their Honor

Dear Doctor Robinson:—Referring to your article on "Women Defending their Honor", I shall not "violently disapprove;" but some of your expressions are liable to a construction which I should not like to see pass unchallenged. The question is not merely that of defending the more or less mythical entity known as "honor" in common parlance, and meaning nobody knows what, but of repelling intrusion and insolent interference with the right of privacy. Entirely without regard to sexual matters, the noisy impertinences of hoodlums make the streets or public conveyances unpleasant for both men and women; and any person complaining against these ruffians deserves praise and encouragement. The loafers who accost women that are minding their

own business, and try to thrust their society on them, do no hurt to the "honor" of the women; but they make themselves a public nuisance, like the filthy fellows who spit on the sidewalks, the smoking hogs who insist in tainting the air of the subway and other close places, the rowdies who hurl their vulgar jeers after women (or men for that matter) who chance to wear any dress of an unusual cut, and other vermin of like breed.

From verbal impudence, if unrebuked and unpunished, it is only a step to thuggery so often seen in our public conveyances, and treated with such inexcusable lenience by the average magistrate. For the poor wretch, who steals to keep from starving, and for many of the society-made criminals, there is ground for much pity; but no palliation can be found for the wanton rowdyism of the hoodlum, whose anti-social acts can be of no service to him, and simply signify a thoroly depraved nature, which finds its keenest pleasure in inflicting discomfort on others. These miscreants can understand nothing but force; and they should have their fill of it.

JAMES F. MORTON, JR.
244 West 143rd St.

I fully agree with Mr. Morton. I would deal much more severely with the adult ruffian and rowdy than with the pickpocket. Tho products of our social conditions, society has a right to protect itself from these beasts and it should show no mercy or sickly sentimentality in dealing with them. But all this has nothing to do with the subject of my editorial. I was not referring to ruffians and rowdies; I was referring rather to the variety of "masher," or to the man who is so unfortunate as to occasionally mistake a respectable woman for a demimondaine.

Defending One's Honor

Dear Doctor:—I am very glad to note your editorial expression of scepticism as to the status of women who make public complaint as to insults by strange men. The institution of "catching on" is a very ancient one. It is alluded to by Solomon, in his reference to *strange* women and the very modern synonym of "pick up" is used by Nausikaa in the Odyssey. Men don't go to hardware stores to buy stationery, and there would be no insulting of women on the streets if there were no women willing to accept improper advances.

It occurs to me that a good deal of the present discussion as to fee splitting and giving and taking of commissions, as well as to other ethical vices in our profession is quite in analogy to the matter of sexual honor among women. Last year, I was able to make the statement that, in an experience of 22 years, at first in general practice, afterward in a specialty involving consultations in both ways, I had never been asked to pay a commission nor had one offered to me.

Like yourself, I have very little sympathy for people, men or women, who are always being insulted, imposed upon and generally abused.

A. L. BENEDICT, M. D.
Buffalo, N. Y.

The Pernicious Fasting Habit

Dear Doctor Robinson:—Your challenge to Mr. Upton Sinclair in the April issue of the CRITIC AND GUIDE will hardly be accepted by him. No one would expect or desire to see Mr. Sinclair infected with a loathsome disease for no other reason, than to demonstrate the utility of a therapeutic agent. Such heroism is expected only from physicians who count many such heroes among them. The probabilities, however, are, that most of the socialists, who are ready to attack you for daring to disagree with Mr. Sinclair, have never heard of such sacrifices on the part of members of the medical profession.

Mr. Upton Sinclair claims to have had a good deal to do with medical problems, his own and other people's. He has also given much time to the investigation of such questions. He does not, however, state what those problems were, or wherein his investigations consisted. His medical education, according to his own statement, consisted in reading the new ideas and thinking for himself. Orthodox medical education he styles as dead medical formulas. Can anyone conceive more profound conceit, more absolute intellectual blindness, or greater absurdity? He is ready

and willing to stake the lives and well-being of his gullible followers on the mere thought and investigation of one man entirely ignorant of medicine, as against the study and investigation of thousands of specialized men in this branch of science. The conclusions arrived at by investigators and clinical observers for ages are as nothing to him. The science and art of medicine, which has been slowly evolved from a jumble of superstitions and baseless beliefs, and has reached a stage when it may deservedly be ranked with the exact sciences, and when such wonderful practical results have been achieved, is utterly disregarded by this wonderful new-thoughter of the 20th century. And this from the pen of a leading socialist, who is supposed to stand for progress and advancement. The physician, who has little time for theories and high thoughts, keeps on working and alleviating human suffering to the best of his ability. Little by little he gathers experience from observation at the bedside. In his daily rounds he applies the latest discoveries, elaborated by specialized laboratory workers, who give up their lives to research and study for the benefit of mankind. Which method is more conducive to progress in medicine? Is it thinking high thoughts and reading new ideas at the green table, or the constant work of tens of thousands of physicians at the bedside and in laboratories?

If Mr. Sinclair had only taken the trouble to study the structure and functions of the human organism; if he could only muster up enough courage to give up theorizing and to apply himself to the study of morbid changes in disease, he would quickly realize the absurdity and injuriousness of his fasting therapy. Is Mr. Sinclair aware that the cells composing the human organism require the constant supply of food elements for their existence and that chemical changes constantly take place in each and every cell of the body; and that this perpetual chemical activity determines the very life of the cell. Does he know that in infectious diseases there is a constant struggle between the cells, or more properly speaking, between the protective substances elaborated by the cells and the toxins generated by the invading bacteria? Can any sane man reconcile himself to the suggestion of Mr. Sinclair, that in order to fight those diseases, the very weapons of the cells be taken away from them?

No, Dr. Robinson, his ideas are wrong, because they are based on ignorance. His presumption to heal human beings is an unpardonable transgression on the rights of the individual, for which principle he claims to be fighting. Mr. Sinclair's influence among a certain class of people makes him a danger to the community. If he really means to do good, let him study medicine seriously, and he will quickly drop his dangerous hobby.

HARRIS WEINSTEIN, M. D.
New York.

A Curious Laboratory Analysis

Some time ago a ruddy faced man, well dressed, bejewelled, and otherwise showing signs of affluence, presented himself at our laboratory bringing a bottle of whisky he said he wanted analyzed for poison. He had no objection to charges and would pay after he found out what the whisky contained.

He seemed very much exercised, and no amount of questioning could elicit more than his name and telephone number. He was thoroly convinced, however, that the whisky was poisoned. He left after receiving our promise that report would be sent in due time.

The fluid in the bottle had the appearance and the odor of whisky. It was subjected to distillation, and found to contain about 30% of alcohol. The usual strength of whisky is from 40% to 42%. To look for an unknown factor in such cases the imagination is usually drawn upon, and poisons looked for which are easily accessible to the laity. We looked for cyanogen, arsenic, mercury, for morphine and strychnine, but all gave negative results.

Recalling that Spanish Fly is frequently used in love potions, I thought that possibly fragments of the shimmering wings of the insect might be found; accordingly, we centrifuged the residue after the distillation and looked with a 2/3 Objective.

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Imagine my surprise in finding a lot of squamous epithelial cells, patches of mucosa, etc. This opened up a new field of investigation. Chlorides were found, also a decided trace of urea. Since urea is found only in urine and the guano of birds, I concluded my unknown factor to be a female urine, and so reported to our client.

After a few weeks the man returned to pay his bill, and thanked us for the accurate report on the "poisoned whisky," also volunteered the information as to how the urine got into the whisky bottle. His story was this: "You see, we have been friends for many years, and recently we had a lover's quarrel: To drown my sorrow, I drank more whisky than was good for me, and in one of my stupid moments, I called on my friend. While there, she offered me some whisky from a bottle which I accepted, but she acted so suspiciously, and the stuff tasted so peculiar that at once the idea possessed me that she was trying to poison me.

"When I brought to her attention the result of your analysis, and questioned her, she admitted that she had consulted a clairvoyant in an attempt to win back my love. The clairvoyant advised her that in order to bring this about it was necessary to have me drink some of her urine at the time of her menses:"

Laboratory Note: She evidently carried out the clairvoyant's instructions to the letter, for there were not only ordinary epithelial cells present, but patches from the vagina and the labia majora, and cells from the Bartholinian glands.

Did she win back his love?

M. F. SCHLESINGER,
3rd Ave. and 10th St., New York.

The Robinson-Sinclair Controversy

Dear Doctor Robinson:—The ridiculous spectacle to which Sinclair was reduced by the force and directness of your reply gave me keen enjoyment. I could have forgiven Sinclair if he had stood by his guns, had gone thru the ordeal, and had honestly confessed that he had been wrong.

I wish you would go a step further and bring your powers of analysis to bear on the curious psychological problem involved: Why should an intelligent and educated person gravely advance a preposterous theory, supporting it by misstatements and libelous attacks on scientific men, when a moment's thought would show him that his notion can be exploded with absurd ease and he himself convicted of sophistication? The danger of being publicly discredited should certainly give him pause. But even you, I suppose, can not account for the vagaries of the human mind. An otherwise perfectly rational man I know is an antivivisectionist.

Cordially,
A. V. MORGENSTERN.
51 Maiden Lane, N. Y.

A Case in Point

Editor CRITIC AND GUIDE:

I have read with interest the April number of your Journal and particularly the article on "Charity and the Limitation of Children".

I have been connected with the St. Louis Provident Association for the last 16 years and my business is to administer aid to needy families and to try and solve their problems. In this work, *preventive* measures are very important. Information of the sort indicated in the article is not at my command, but I am in almost daily contact with families who have entirely too many children and who are involved in a hopeless struggle to properly care for them. Only yesterday we took up the following case: A tailor, aged 44, wife 34, who have nine children living and one dead. Those living are, boys, 14½, 13, 11, 3 years and 10 months; girls, 8, 6½, 4½ years and 10 months. The two youngest are twins. The wife is a stout, hearty young woman and likely to have still more children. The father is a frail, small, sickly man who has stomach trouble and has done no work for the last six months. Under present conditions they are totally dependent. Live in 3 rooms, are 3 months in arrears with rent and their only income is $4.50 a week, earned by the oldest boy.

This is a case in point.

THEO. F. CHILDS.
2221 Locust St., St. Louis, Mo.

Yes, this is a case in point, indeed. But our sanctimonious hypocrites will not permit us to impart the necessary information.

Copyright, 1911, by Dr. Wm. J. Robinson.

PRAISED BY SOME, BLAMED BY OTHERS, DISDAINING THE FOOLS, BRAVING THE WICKED, I HASTEN TO LAUGH AT EVERYTHING . . . . FOR FEAR OF BEING OBLIGED TO WEEP

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XIV NEW YORK, JULY, 1911. NO. 7

EDITORIALS AND EDITORIALETTES

A UNIQUE MEDICAL SOCIETY.

As my readers know, I personally am not very enthusiastic about attending medical meetings. The cases presented are generally commonplace and present no points of interest, the papers read are too long and contain nothing or next to nothing, while the discussions—well nothing more insipid, more vapid, more fatuous can be imagined than the average medical discussion. There are medical societies, of which I am a member, whose meetings I have not attended in five or six years. And I imagine that a good many physicians would act likewise if it were not for the collation or supper that is served after the meeting. If you doubt it compare the attendance at meetings with or without a collation.

There is one society, however, whose meetings I make it a point to attend regularly, and that is the Society of German Physicians of the City of New York. This Society is unique in many respects. Organized 54 years ago to-day—last night we celebrated the anniversary—it has during that entire period of over half a century met in the house of one man, the house of the "Nestor" of American medicine, Dr. A. Jacobi. Certainly a remarkable record! This unorganized organization has no president, no officers—a chairman is "elected" for each meeting—gives no certificate of membership to frame, and serves no collation, except at the anniversary meeting in May. And still the Society has persisted during all these years, and the members and visitors come and come again. The reason? First, the perennial youthfulness, and the genial cementing personality

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of the host, and second—you can always learn something at those meetings. The cases presented are interesting, and the doctor who presents a case comes well prepared, for he knows he will have a critical and expert audience. And the discussion is to the point. Those who have *nothing* to say, do not get up to say it, as happens in so many medical societies; they remain seated—and silent. The people feel that there is no place there for empty oratory, for piffle, for self-laudation. And therefore when you leave the meeting you generally take away with you something of value.

And speaking of the Society, I cannot refrain from mentioning one doctor, who is greatly contributing to the value and interest of these meetings. I refer to Dr. Sara Welt, whom I herewith vote the brainiest female physician in America. When she presents a case, it is worth while. It is a marvel of completeness, of orderly and logical presentation. And in discussion she is just as clear, just as fluent, just as logical. I nominate her for Professor of Pediatrics in one of our foremost medical colleges.

Dr. George Manheimer has presented many interesting cases during the year, presented them in a very thoro scientific manner, and I will mention two other men who contributed greatly to the interest of the meetings: Dr. Otto Schirmer, formerly Prof. of Ophthalmology at the University of Strassburg, and Dr. von Oefele.

I would repeat what Dr. Jacobi said last night: On the 4th Friday of every month from October to May inclusive, the parlor at 19 East 47th Street is not Dr. Jacobi's, but a general meeting room, and all physicians are welcome.

A CRITICISM OF OUR CRITICISM—AND A REPLY.

To the Editor:—

The March CRITIC AND GUIDE, in discussing the question of loss of sexual power thru abstinence (p. 88), puts aside as "disingenuous and absurd" the analogy of the testicles with the tear or sweat glands. It points out that a better analogy would be with "the female breasts or mammary glands, for they are also sexual glands." It then speaks of "what happens to the mammary glands, if they are not given a chance to functionate until a *late* age," and of the fact that "that when *old* maids marry and bear children they often have not a drop of milk." (The italics in the foregoing sentence are mine.)

Let us then accept this criticism at its full value. What does it *prove?* What, for instance, do *"late* age" and *"old* maids" imply? Would the critic consider a woman 25 years old an "old maid" in the above sense? Does a *"late* age" in his criticism mean 30 years, or more, or less? Can it be seriously maintained that the mammary glands *often* fail to function before 30 years of age thru lack of use, when neurasthenia,

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anemia, or other unfavorable conditions are lacking? Is there *even one chance* in a hundred that the testicles would fail to function under similar conditions?

The Critic "is fully convinced that the sexual power,—not the potentia generandi, but the potentia coeundi is *often* (italics are mine) lost thru *long* abstinence." Again, let us know what *long* means here. Is it a question of abstaining, for instance, until thirty years of age? Furthermore, if the "potentia coeundi" may be lost "thru long abstinence," is it in fact often lost? What is the experience of other readers of the CRITIC AND GUIDE? Again, is there one chance in a hundred that the "potentia coeundi" will be lost, even after long abstinence, unless there is also neurasthenia, anemia, etc.? Where can definite proofs be obtained? If the "abstinence preachers" exaggerate a bit, do not their opponents do likewise?

Take, for instance, the statement: "The *majority* of them (prostitutes) live to a *good old age, many* of them save money, give up their old life and become respectable church members." (The italics mine). Compare this with the statement the Critic objects to,—"that the average life of the prostitute, after she enters upon her career, is four or five years." It is hard to prove by statistics either statement. But which statement comes nearer to the truth according to the experience of the average physician or social worker? I doubt if that of the Critic does.

In other words: "let us not exaggerate. Let us always tell the truth—and we will accomplish better results." The Critic has pointed out where the Sex Hygiene Circulars of the Massachusetts Association of Boards of Health have exaggerated a bit perhaps on one side; but is it not also true that the Critic in its criticisms has exaggerated a *good bit more* on the other?

J. F. TWOMBLY.

34 Green St., Brookline, Mass.

REPLY.

Our esteemed correspondent shows by his reply that he is not a physician. He asks if the mammary glands often fail to functionate, and if the potentia coeundi is ever lost, thru long abstinence unless there are also present neurasthenia, anemia and other unfavorable conditions. That is just the trouble: the "neurasthenia, anemia and other unfavorable conditions" are caused by absolute abstinence; and it is therefore of little importance whether the mammary atrophy and impotence are caused directly and immediately by the abstinence, or secondarily by the evil results of the latter.

As to what we mean by "late," "long" and "old maid," it is not for us to specify. It is on the prudes that this duty falls. It is they who claim that illicit intercourse is vicious under all circumstances, and it is they who claim that absolute

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abstinence is not injurious, nay even beneficial, at all times. They specify no time limit. Whether a man is 30, 35 or 45, as long as he is not lawfully married, he must abstain; he must abstain from moral considerations; but they are not satisfied with this statement; they go a step further and add:—"and this abstinence will do him good." As long as such wild statements are made by our prudes, it is not incumbent upon us to go into details as to exact age at which abstinence becomes injurious. This is a minor point which we will discuss later.

As to the statement "that the average life of the prostitute, after she enters upon her career, is four or five years," I must again stamp it as ridiculous and absurd. As we stated before, many of them know very well how to protect themselves against infection, and those who leave drugs and alcohol alone, will after 10 or 20 years of their life compare in their health and in looks very favorably with the average poor or middle class housewife of the same age. Our false moralists and sentimentalists may not like to hear it, but it is so.

It is time that we learn two things: First, that we cannot make people "good" by frightening them; and second, if we could, it would not be worth while. Virtue caused by fear is no virtue; it is simply cowardice.

No, the Critic has not exaggerated in his criticisms; on the contrary, for certain obvious reasons, he has not said enough; and what he did say, he did not emphasize sufficiently. Luckily the blighting spirit of Anglo-Saxon prudery is retreating before the advance of the spirit of truth and science and in a short time we hope we shall be able to speak just as we feel—without having to varnish some things, without having to conceal some things, and without having merely to hint at some other things.

THE FRAUDS AND FAKIRS ARE UP IN ARMS.

The frauds and fakirs, the quacks and charlatans, the ignoramuses and harpies who prey upon the gullible sick and take advantage of the helpless dying are out in full force against the editor. Our address before the Brooklyn Philosophical Association on Scientific Medicine versus Quackery, our series of articles in the New York Daily Call, our paper "Is anything the Matter with the Doctors", delivered before the Liberal Club, have stirred up the animals. Fraud and Quackery can only exist when left undisturbed. And this unfortunately has up to now been the attitude of the medical profession and of scientific workers. They have paid no attention to the numerous frauds about them. They have acted on the erroneous theory that error will die by itself. As soon as light is let in, as soon as fraud is exposed in all its ugly nakedness, it must slink away. The frauds feel that they have no more powerful enemy, no more dangerous adversary than the editor of the CRITIC AND GUIDE. Hence the venom, hence the vituperation.

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Well, it can't be helped. If you are going to do anything at all that is worth while, you must expect opposition, you must be ready for attacks.

Be nothing, do nothing, and you will have nothing to fear. Be a dead one, and nobody will touch you.

THE SENTENCE IN THE DUVEEN CASE.

All the demagogues in the capitalist and socialist press notwithstanding, I applaud the action of Judge Martin in *not* imposing a prison sentence on the old art dealer Henry J. Duveen. All custom duties are a species of robbery—ours certainly are—and all the sophists in the world will not succeed in convincing a rational thinker that smuggling is a crime. It is certainly not a crime deserving of a prison sentence. And I venture to say that there is not a man or woman in the world who would not occasionally smuggle in something—or to use a milder term, to bring in something from abroad without paying duty—if he or she knew for a certainty that it could be done with *absolute* safety, without *any possibility whatever* of detection. It is the fear of detection, of notoriety, of trouble, of fine, that makes travelers from abroad declare their purchases, and surely not a feeling of honesty or morality. It is not a crime to evade laws passed by bribed legislators in the interest of certain monopolies; and our tariff is certainly robbery, and some say that it is not only permissible to avoid paying the exorbitant duty, but that it is a duty to do so.

OUR ANNUAL DEPARTURE. AU REVOIR.

When this issue reaches our subscribers, we shall be on our usual annual trip to Europe. We leave on July 1st, and shall be back on October 8th. We have not yet quite made out our itinerary, but we do not expect to do quite so much tramping as we did last summer. On account of the International Exposition in Rome and the International Hygiene Exhibition in Dresden many national and international congresses will convene in those cities during August and September, and we shall make it a point to attend every one of them.

By the way, the Neo-Malthusian Congress meets in Dresden (September 24 to 27), and one session will be devoted exclusively to a demonstration of the various means and methods for the Prevention of Conception. Just imagine the *furore* that the announcement of such a meeting would create here! Saint Anthony and his fellow saints would be shocked beyond measure. But effete immoral Europe will stand anything.

And besides the congresses we will attend the clinics and hospitals, which we did not do last year; and if there is anything new worth while reporting we shall share it with our readers. In short, we expect to do less sight seeing than last year, but more observing and writing.

In the meantime, as ever, an affectionate *Au revoir!*

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Sex Morality—Past, Present, and Future.

BY LEO JACOBI, M.D., NEW YORK.

I.

The course of social evolution is not a steady, uniform onward movement, as many erroneously believe; it is rather a series of alternating phases, epochs of rapid progress succeeded by periods of comparative stagnation and even retrogression.

In this rhythmic advance, the present time exhibits all the characteristics of a positive stage. The feverish activity, the universal unrest, the searching criticism of established values, all reveal the painful process of social readjustment. Forms held in reverence a generation ago are now subjected to merciless revaluation. Religious, political, industrial institutions are thrown in the balance and threatened with destruction or at best reconstruction.

Nor does the movement of reform spare our ethical conceptions. "Now that moral injunctions are losing the authority given by their supposed sacred origin, the secularization of morals is becoming imperative," wrote Herbert Spencer barely a generation ago. Many still cling to the older forms with the grim allegiance of despair, but on all sides people are seen cutting themselves loose from the wreck and striking out for shore.

Among the problems coming under the jurisdiction of ethics, the one dealing with sex relations, always important, has in our own day assumed gigantic dimensions. From stage and from pulpit, in novels and in scientific works, in the periodical press and even in the daily papers, a lively discussion is in progress which testifies to the deep-seated vital interest in this aspect of human conduct.

Unfortunately, the utterances heard on both sides are more frequently the crude offspring of prejudice, intolerance and hypocrisy, than the expression of sound thinking and feeling. Despite the widespread conquests made by the evolutionary philosophy, we are assailed on all sides by opinions which proceed from the naïvest assumptions. People seem to have an unwavering faith in the efficiency of logical argumentation. They believe it is only necessary to demonstrate the correctness of their own attitude in order to shape the conduct of their opponents accordingly. This confidence in reasoning is exhibited by the ignorant in common with the cultured, tho surely the latter ought to realize that it is not by abstract ideas, but by sentiments, feeling, emotion, that human conduct is governed everywhere and eminently within

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the sphere of sex relations. "It is never the knowledge which is the moving agent in conduct, but it is always the feeling which goes along with that knowledge or is excited by it" (Spencer.)

Despite innumerable experiences showing how people habitually act at variance with their knowledge as long as it remains a dead letter, we read and hear continually that extension of knowledge is the only means of insuring rational thinking and ethical behavior.

Now, were opinions and convictions actually based solely on logical evidence, how would it be possible for men possessing vast knowledge to profess beliefs so radically different and even mutually destructive? Having access to the same sources of information, and endowed with a trained intellect, they, nevertheless, arrive at widely divergent conclusions. With the same data before them, Prof. Lowell argues that Mars is inhabitated, while the venerable Wallace demonstrates that only the earth can support life. Pointing to the same economic facts, the republican politician advocates protective tariffs, while his democratic rival pleads for free trade. The same evils of civilization that make the anarchist denounce all authority, call forth the socialist's demand for more government.

In all these and similar instances, it is the bias of heredity and education and environment that determines the attitude. When men go to war and spill their blood in the struggle over a principle, a mere theoretical disagreement is never the moving power behind them; if lives are to be sacrificed, the profoundest sympathies must be enlisted in the cause.

The same truth becomes apparent on contemplating certain other familiar occurrences. Take an orator, for example, who pleads diligently and marshalls abundant evidence, yet somehow leaves us cold, while another, without any display of erudition, succeeds in carrying his audience away by the sheer force of his aplomb. The former addresses himself to our intellect; the latter chooses the shorter route leading thru the emotions and wins. Invariably the appeal to feeling is more effective than the appeal to reason, as illustrated by the daily spectacle of eloquence overruling evidence in the courtroom and on the political platform.

This statement applies with additional force to the arguments that fly so thick in the controversy waged around the sex problem, for here, especially, is opinion and behavior based on powerful emotions and sentiments, the products of heredity, education, race and creed. Hence to dispute is merely to emphasize the hopeless incompatibility. As Spencer remarks, "in respect of private life the problems presented are so complex and so variable, that nothing like definite solutions of them can be reached by any intellectual processes, however methodic and however careful. They can be completely solved only by the organic adjustment of constitution to condition." There is too much faith in regulating conduct by precepts. Our beliefs are not founded on conclusions

built up from premises, and only when they are challenged do we fall back upon the resources of logic to support them.

Even were it possible to alter settled opinions by debating, we would still be far from influencing conduct. The gulf between preaching and practice cannot be bridged over in this way. Consistency in people's lives is proverbially rare, and perhaps this is for the best, since social stability might be endangered if all were to act in accordance with their half-baked convictions. How far afield consistency in sexual conduct practiced on a large scale may lead, can be gathered from a phenomenon which took place in Russia a few years ago, when the young students of both sexes in colleges and universities, indignantly rejecting the unjust double standard of morality, decided to live up to their ideas. Accordingly, they organized so-called Leagues of Free Love and surrendered themselves to promiscuous relations. The consequences made their appearance very promptly, tho not in the form expected by the votaries. Instead of dealing a death-blow to conventional morals, the reformers were stricken down by venereal diseases, which spread among them like an epidemic, and this, together with numerous pregnancies in the young girls, necessitated the closing of several colleges. The whole case illustrates clearly, how unlooked for effects usurp the place of expected results, and this knowledge ought to give us pause before we proceed to shape our conduct in conformity with hasty generalizations.

The foregoing seemingly irrelevant introduction will have served a useful purpose if it succeeds in impressing upon the reader that discussions of ethical matters have less value as guides to behavior than is ordinarily assumed. They are interesting and noteworthy chiefly as a barometer of the times, indicating the drift of progress, which emanates from far deeper sources than human reason.

II.

The current debates about sexual matters are devoted mainly to the so-called double standard of sex morality, and to the future form of the family. Are men to continue their enjoyment of freedom while chastity is strictly demanded of women, and is our present monogamic family destined to be permanent? These are the questions most anxiously asked.

Concerning the double standard, we must admit right at the outset that it was not the product of an impartial recognition of natural sex distinctions, but arose and continued to exist as one of the many concomitants of man's original physical supremacy over woman. Its present advocates have no difficulty in advancing spurious reasons for its continuation, reasons which were threshed out and found wanting innumerable times. To tell the simple truth, these advocates have their emotions and feelings enlisted in behalf of the double standard thru heredity and up-

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bringing, and seek to support it by grasping at any accessible argument.

The history of morals shows repeatedly, how people have never been at a loss to find apparently plausible reasons for the most iniquitous customs and institutions. The wholesale burning alive of heretics was eloquently defended several centuries ago, when pious Christian ladies witnessed auto-da-fés, and looked on complacently at the roasting unbelievers. The early Christian ancestors of these ladies, a thousand years or more further back, were customarily tied to the branches of trees and set on fire, in order to entertain Roman ladies with nocturnal illuminations—a spectacle immortalized in Semiradski's famous painting. The fanatic religious and political zeal of those times stifled the sympathetic emotions and found vent in torture and martyrdom, while defenders of faith were ready with a storehouse of argumentative ammunition to justify inhuman cruelties *ad majorem Dei gloriam.*

Nor was it otherwise with the unjust treatment of women in past ages. It had to be justified *post factum,* and a most original defence was accordingly unearthed. "In ancient Greece," relates Lecky, "the inferiority of women to men was strongly asserted, and it was illustrated and defended by a very curious physiological notion, that the generative power belonged exclusively to men, women having only a very subordinate part in the production of their children. Aeschylus has put this notion into the mouth of Apollo in a speech in the Eumenides. It has, however, been very widely diffused, and may be found in Indian, Greek, Roman and even Christian writers. St. Thomas Aquinas accepted it and argued from it that a father should be more loved than a mother."

This monstrous invention has been paralleled in modern times by some of the arguments advanced in opposition to woman's emancipation. The reluctance, conscious or subconscious, to admit the role played by brute force in the subjection of women is the true source of these interesting inspirations. Fortunately, the truth cannot be suppressed forever, and impartial scientists have shown conclusively that the dual standard did not emanate from the head, but originated in the fist. So cautious a moralist as Lecky expresses himself as follows: "The contrast between the levity with which the frailty of men has in most ages been regarded, and the extreme severity with which women who have been guilty of the same offense have been treated, forms one of the most singular anomalies in moral history, and appears the more remarkable when we remember that the temptation usually springs from the sex which is so readily pardoned... *Much of our feeling on these subjects is due to laws and moral systems which were formed by men, and were in the first instance intended for their own protection.*" In his reecnt work on "Divorce", Prof. Lichtenberger writes in a similar vein: "The social inferiority of

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women in all ages is largely responsible for the rise and persistence of the dual standard." These words may be said to represent correctly the consensus of scientific opinion on the subject.

Among writers of fiction we find so deep a thinker as George Meredith taking the same view. He considers the discrimination against women in matters of sex by men who claim for themselves unrestricted liberties, as part of the Grand Turk ideal of woman. In "Diana of the Crossways," he puts these words in the mouth of the heroine: "Men may have rounded Seraglio Point. They have not yet doubled Cape Turk."

Indeed, were the denial of equitable treatment to women not rooted deeply in primitive emotions, it could scarcely have withstood the repeated assaults made upon it during the past two thousand years or more. Even at a time when the most flagrant corruption reigned in Rome, the moralists emphatically asserted that fidelity in wedlock should be exacted from husband as well as wife. Such was not the case in earlier Roman days, when only the wife was legally punished for infractions of the nuptial tie. In fact, it appears to have been the rule in all early societies to saddle the penalty for adultery upon the woman, leaving the man unmolested. Occasionally, we do meet with a reversal of this standard, as among certain Hill-tribes of India, which condone infidelity on the part of the wife, while it is held to be highly dishonorable on the part of the husband. However, such anomalies are extremely rare, the female transgressor being quite uniformly singled out for obloquy and punishment. The faithless wife may be given a sound beating, or her body may be mutilated, or she may even be put to death in various prescribed ways.

This crying injustice of making the woman a scapegoat survived the united attacks of Greek and Roman writers. Aristotle, Plutarch, Seneca, and Plautus vainly exhorted the husbands to observe in marriage the loyalty they demanded from their wives. In subsequent ages, the Christian Fathers continued to harangue the cruel laws which penalized disloyal wives but not truant husbands. The total failure of this prolonged moral crusade might well astonish those who put their faith in preaching. "At the present day," complains Lecky, "tho the standard of morals is far higher than in Pagan Rome, it may be questioned whether the inequality of the censure which is bestowed upon the two sexes is not as great as in the days of Paganism, and that inequality is continually the cause of the most shameful and the most pitiable injustice. The fundamental truth, that the same act can never be at once venial for a man to demand, and infamous for a woman to accord, tho nobly enforced by the early Christians, has not passed into the popular sentiment of Christendom."

After centuries of moralizing, we have failed to improve much upon the semi-civilized past, and if our only hope of amelioration

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depended on preaching and exhortation, progress might be delayed for centuries longer. Fortunately, the outlook is not so gloomy, as we shall presently see.

The passages quoted deal mainly with the unfair treatment of the married woman. So little having been achieved in dislodging the evil from the marriage bond, where its iniquity is so potent that the laws and moral injunctions of civilized peoples condemn it almost unanimously, how much can a campaign of arguments and precepts avail against the same injustice in the sexual life of the unmarried? Need we feel surprise at the current rigid and ruthless discrimination visited upon the unmarried woman? This attitude has become so habitual that it is frequently declared to be innate, or due to a natural instinctive feeling which carries its own justification.

Nothing could be more fallacious. Even a cursory glance at the customs of various nations and races ought to expose the untenability of this bold assertion. To pick out only a few salient examples from an overwhelming mass of material, we may cite peoples among whom chastity is required of the single man, while the girls are completely unrestrained in their sexual life. Some tribes do not exact fidelity even from the married woman. So little value is placed on chastity by many tribes, that to offer a wife or daughter to a visitor for the night is a sacred duty of hospitality, and to decline the favor is to give mortal offense. Thus we are told of the Asiatic Chukchis: "They offer to travelers who chance to visit them, their wives, and also what we should call their daughters' honor, and resent as a deadly affront any refusal of such offers (Erman)." The Indian Chinooks lend their wives and daughters for a fish-hook or a strand of beads, and to decline the offer is to offend the lady and insult the whole tribe. The Bushman husband often accords his wife permission to cohabit with a stranger, and the Greenland Exquimaux call a man noble and good tempered if he lends his wife to his friends. They also consider it a mark of great friendship for two men to exchange wives temporarily; and the Chippewayans, who have the same custom, esteem such an exchange as one of the strongest ties of affection between two families.

While these savages attach so little importance to the purity of their women, others go a step further, and consider chastity in the bride a downright disgrace, being evidence of her unpopularity with men. The Chibchas "think their virgin brides unfortunate and without luck, as they had not inspired affection in men: accordingly, they dislike them as miserable women."

Frequently, absolute freedom before marriage is found coexistent with great strictness afterward. The same Chibcha husband who is grieved because his bride is a virgin, becomes very sensitive to infidelity in his married life. Among the Koniagas, a single woman is unrestricted in her sexual relations with men,

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but once married, she must be faithful to her husband; and the same is reported about many other tribes.

An interesting compromise between complete liberty and rigid fidelity has been struck by certain Arabs, among whom marriage is for a part of the week, usually four days (if the bride's mother is an able bargainer, she may succed in making this interval only two days); the remaining time belongs to the wife, who is free to indulge in amorous adventures, and it is even said that her husband feels flattered if she has many intrigues on her off days. The same significance as a transitional stage may be attached to a rather common custom in various countries of permitting complete sexual liberty to men and women on certain yearly festivals, tho strict chastity is enforced at all other times.

Lest it be retorted that such standards are inconceivable in a civilized nation, we may here refer to the Japanese. So free are they from our squeamishness, that obedience and self-abnegation are rated above chastity in their hierarchy of virtues. In one of their most popular historic dramas, the heroine voluntarily sells herself to the proprietor of a brothel, in order to retrieve her family's fortunes. Such episodes used to be quite commonplace, and the custom of selling daughters for a specified period is alleged to be far from extinct even to-tay. No disgrace attaches to the girl who returns to her family afterward; on the contrary, she is honored for her filial sacrifice. Equally familiar is the Japanese institution of temporary marriages. It is quite customary for Europeans who visit Japan to marry native girls for a short period, and dissolve the union on leaving the country. A Russian writer tells the true story of an army officer who contracted such a marriage with a young and beautiful girl of good family. He was so enchanted with his fair consort that he resolved to make the union permanent. Urgent duties called him away for a few months, and he spent the interval in dreaming of their future bliss. On his return, a most affectionate meeting takes place. In the midst of tender caresses the delighted husband notices a young man packing his effects and preparing to leave. "Who is that?" he inquires. "Oh, don't mind him," replies the smiling wife. "He has to go now. I admitted him only on condition that he depart at once when you come back." This ingenuous confession breaks the officer's heart, and he deserts the dearly-loved woman. She, too, is grief-stricken, yet totally incapable of understanding his indignation. "Had you only told me it would hurt your feelings," she exclaims sorrowfully before the final parting.

Strongly contrasting with these peoples are others, equally numerous, among whom chastity is valued very highly. Many primitive tribes cherish jealously the virtue of their women. The Mandan maidens are described as beautiful and unapproachable; the wayward Chippewa lass can never hope to marry a warrior; the Kaffir girl is chaste and modest; the Sumatran single woman guards her honor like a Vestal. These are statements of travelers

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and explorers, but even making due allowance for exaggeration, the truth stands out clearly, that among existing peoples, primitive and cultured, all degrees of sentiment in regard to female purity may be found manifested, from the one extreme of declaring it a disgrace, to the opposite extreme of giving it precedence over all other virtues, and making it an indispensable condition of moral excellence.

Neither does the evidence warrant the contention sometimes heard that regard for chastity rises *pari passu* with civilization. "Some peoples who are in other respects among the lowest, are in this respect among the highest," says Spencer in his analysis of the subject, and this may also be gathered from the examples just cited.

Our main purpose in giving these illustrations has been to dispose effectually of the stubborn fallacy which declares our modern conventional conceptions of sex morality to be *innate*. Sentiments showing such a bewildering lack of uniformity in the different varieties of the human species, cannot be called innate without doing violence to the term.

Leaving aside these and similar attempts to bolster up our unfair system with false assertions, let us now submit the system itself to a critical examination. Our so-called double standard ordains that women should abstain from all sexual intercourse outside of wedlock, and practice intercourse exclusively with one man in wedlock. Now, if all women should actually conform to this demand, realizing it absolutely, it follows that no man would be able to indulge in sexual connections outside of wedlock, for sheer lack of a female partner. This conclusion is no mere sophism. It cannot possibly be evaded. To say that single men are free to indulge in sexual intercourse, while women, both single and married, must guard their purity, is to commit one's self to a *reductio ad absurdum!* Given a community of unapproachably chaste women, according to the ideal set up by our "moral law", and where is the single man to find a companion for his extra-marital intrigues? Manifestly, universal female chastity would entail universal male chastity.

Thus our double standard, which has resulted in such contradictory and mutually destructive demands upon the female sex, turns out on closer scrutiny to be a miserable paradox.

There is only one way leading out of this logical labyrinth —namely, to set aside a class of women and exempt them from the requirement of purity. They will supply a channel for drawing off the uncontrollable excess of sexual passion in men, and thus allow the balance of womankind to preserve their "honor." Such a compromise does exist in reality, and our prostitute is the representative of this scapegoat-class. "Herself the supreme type of vice," says Lecky in a familiar eloquent passage, "she is ultimately the efficient guardian of virtue. But

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for her the unchallenged purity of countless happy homes would be polluted. On that one ignoble and degraded form are concentrated the passions that might have filled the world with shame."

Only at such an expense, with the aid of such an expedient, can the monstrous, self-contradictory double standard be maintained at all. Without this subterfuge it must inevitably collapse. All women cannot remain chaste unless all men remain chaste. This proposition is an unassailable logical stronghold. A lapse from purity on the part of any man implies a like lapse on the part of some woman. The sexes are thus seen to stand and fall together. Prostitution is the ransom we are paying for our iniquitous sex morality. It is the modern Minotaur, grown to gigantic dimensions like all things modern, devouring his annual tribute of thousands of our maidens.

III.

Turn we now from the barbarian Past and the semi-civilized Present to contemplate the promise of the Future. Is the current moral system destined to endure forever? Are we doomed to live perpetually in the shadow of the dual standard, with the canker of prostitution as its safety valve, or may we take heart in looking forward to an approaching order that will no longer do violence to our sense of equity, our sympathies and our reason? Is Theseus coming to deliver us from the Minotaur? Are new social forms to arise and supplant the decaying ones, as Evolution carries the race onward along its predetermined course?

Before these anxious queries could be answered in detail, an inventory would have to be taken of the multitudinous causes now in action thruout society, and their distant effects precisely calculated. The knowledge thus obtained would lift the veil concealing the future, and allow our mind's eye to dwell on a vision of things lying unborn in the womb of Time. To cope with such an undertaking, our limited human faculty is utterly inadequate. Nowhere else is causation so complex and so elusive as in the phenomena constituting social science. Even the immediate effects of present causes can be outlined dimly and with great difficulty; the remote effects are beyond computation. This obstacle, however, does not deter our self-styled prophets. Seizing some factor now prominent in its influence, they proceed to construct a definite future upon the basis of its present action, as if any cause will go on producing its effects for all time, without being crossed and recrossed by thousands of other causes working out their thousands of effects. It is assumed that one thing will change while others will remain unchanged.

Detailed prophecy is not attainable in social phenomena. All we can attempt is to point out the more conspicuous forces and their probable immediate results, since ultimate results are beyond the scope of human vision. In this cautious spirit of qualified pre-

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diction, we may venture to indicate a few potent agencies at present active in working serious changes in our social order, and incidentally playing havoc with our conventional sex morality.

Foremost among these agencies stands the emancipation of women. Two generations have witnessed the elevation of woman from a subordinate position to a station of approximate equality with man. In our day, when all occupations and professions have been thrown open to women, and their complete conquest of suffrage rights is only a question of years, it is difficult to realize that a few decades ago it was considered highly improper for a woman to engage in any activity which took her outside of the narrow confines of the home. The fetich of "womanliness" banished the entire sex from the broad field of business, from the calling of law and of medicine, from the stage, and even from art and literature. All these, together with war and politics, belonged to man's exclusive domain, while woman's time and interests were to be partitioned mainly between the kitchen and the nursery. The bearing and rearing of children was her duty to the race, and ample compensation for sacrificing her own individuality. She was considered a mere child-bearing apparatus, as Bebel says.

And now, the daughters and granddaughters of those household drudges have broken the spell of centuries, and are invading the trades, professions, arts and sciences, and forcing man, their late master, into an attitude of self-defence. Like a deposed sovereign, he is slowly awakening to the bleak realization of forfeited power. His vassals, so meekly submissive but yesterday, laugh at his commands in open defiance. But the habits of centuries are not easily outgrown, and he will need much time to adjust himself to the new conditions. Human ideas and sentiments do not change as rapidly as circumstances, and hence woman, no less than man, is but slowly adapting her conduct to the novel acquisition of freedom. Hence, too, occasional inevitable excrescences in her behavior.

Eventually, this process of readjustment, habitually repressing man's old pretensions, and simultaneously encouraging woman's new aspirations, must bring about an approximate equalization of rights and privileges, including those concerned with sex relations. Meanwhile, we shall continue to witness the numerous compromises between old and new ethical forms so characteristic of all transitional stages.

Another important modern factor, which must prove instrumental in modifying our sex morality, is the practice of artificially regulating conception. Whatever ideas one may entertain upon the ethical aspects of this question, no one can deny the increasingly frequent resort to prophylaxis of conception (as it may fitly be designated, the Greek term meaning "guarding against" or "warding off"). We are here concerned solely with the indirect bearing of this custom (for such it is rapidly becoming) upon the

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general status of sex relations. By conferring upon woman immunity from the most dreaded sequel of illicit indulgence, prophylaxis of conception undoubtedly tends to equalize the conduct of both sexes when confronted by temptation. It also deals a weighty blow to a time-worn defence of the double standard, namely, that argument that while a mother naturally knows the child to be her own, a husband can never be sure of his paternity, unless he has implicit faith in his wife. This contention has very recently been made the subject of a successful play ("As a man thinks"). It is seriously to be feared, however, that further improvement and extension of prophylactic measures directed against unwelcome conception, will consign this favorite argument of reactionaries to the museum of ancient armor. And conception is being more and more frequently regulated in all civilized countries. Even the triple alliance of clergy, emperor and ex-president will not intimidate women into child-bearing under unfavorable economic and other conditions. But, of course, those who believe in governing conduct by preaching, will continue to preach.

The third great factor promising to play a star role in revolutionizing our notions of sex morality, is the modern movement of industrial reform. The coming abolition of present glaring economic inequalities will be accompanied by a decay of our system of prostitution. All are agreed that the driving power behind women who join the ranks of prostitutes is "the most extreme poverty" (Lecky). With the extinction of wage-slavery, the supply of recruits to the army of white slaves must largely cease, and in the absence of prostitution, as we have seen, our double standard loses its main support. Simultaneously, the removal of economic stress, while facilitating marriage in general, will in particular encourage early marriages, and thus greatly shorten the stormy period lying between puberty and wedlock, which is prolonged beyond all wholesome limits at present, and in which so much sexual aberration falls.

Such are the three principal agencies to be reckoned with in forecasting the future status of sex morality. Slowly working out their effects, they promise to achieve what the repeated onslaughts of past centuries have been powerless to accomplish. The impregnable fortress, having weathered the hurricanes and battering rams of ages, is nearing the day of its downfall. Where the crude and spectacular assaults failed, the invisible disintegrating forces of the soil succeeded. They have undermined and honeycombed the foundation of rock, and at last the unyielding superstructure is doomed.

The fall of the current incongruous system of sex morality is assured. Equalization of privileges accorded to the sexes has already set in and must continue, but *whether it will work upward by expanding woman's sphere of liberty, or downward by limiting man's freedom,* is by no means plainly apparent. That the

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coming order will not be founded on gross injustice and sex-favoritism, may be safely predicted, but greater detail of prophecy is hazardous, causation being here too complex for computation. From the general laws of evolution it may be inferred that the ultimate form of sex relations will not be reached by a sudden metamorphosis, but by gradual approximations and compromises and occasional backslidings, in obedience to the law of rhythm manifest thruout all phenomena. Action is ever followed by reaction. After centuries of extreme discrimination against women in matters of individual liberty, we are now witnessing the return swing of the pendulum, which threatens to carry us to the opposite extreme of unlimited license.

From this point of view we can understand the large quantity of radical sentiment on sexual matters displayed in the life and literature of our time. The revolt against the relentless sentence passed upon the woman who violated the "moral law", has carried away the headlong progressives to the opposite side. Give the girl full liberty to love, they say. Motherhood is the highest function of woman and should not be made dependent on accidental circumstances favoring or impeding marriage. Single or wedded, the young human female must fulfil her loftiest duty to the race by bearing children. In England, George Bernard Shaw is the brilliant exponent of this idea. In his "pleasant play" called "Getting Married", he pleads for the right of free motherhood. Many old maids would make excellent mothers, he says, and it is a pity to let them waste fine opportunities. Husband or no husband, they should not be restrained from realizing nature's purpose. "What we must fight for," he exclaims, "is freedom to breed the race without being hampered by the mass of irrelevant conditions implied in the institution of marriage. What we need is freedom for people who have never seen each other and never intend to see each other again, to produce children under certain definite public conditions without loss of honor." Lyman Abbott comments upon this outburst as follows: "The fact that Shaw gives this message to the twentieth century and the twentieth century listens to it, is not without significance.

In France, Maxime Formant, in a novel called "The Sower." capitalizes this "right to free motherhood" for the purpose of fiction. In his preface he remarks that modern philosophers have recognized the right of every normal instinct to be satisfied and goes on to say: "But so far we do not find any question as to the rights of motherhood regarded as a thing which is desirable in itself. It seems to be considered lawful for a woman to love apart from marriage, but no one has yet given a thought to the woman who, aspiring only to motherhood, is compelled by circumstances to seek it apart from wedlock. Without wishing to set up the hierarchy of our instincts, may we not say that the particular one which provides for the continuation of the species is quite as lawful and primordial as that which ministers to the

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satisfaction of the individual?" The story itself deals with a girl who has been brought up to recognize that maternity is the highest aim of women, no matter how she comes by the child. Accordingly, having failed to get a husband in the conventional way, she sets out from home in search of a father for her future child, and, needless to say, has no difficulty in soon finding him.

Other writers, while stopping short of advocating free motherhood, make a strong appeal for greater leniency towards the girl who has "sinned" or has become a mother.

Thomas Hardy, especially, is fond of delving deeply into the psychology of man's retrospective jealousy, and in "A Pair of Blue Eyes" he graphically depicts the pathetic tragedy precipitated by the protagonist's irrational attitude towards a girl's previous escapade. Misunderstanding her stammering confession, he leaps at the wildest conclusions and spurns the girl he loves. Her affection and his own cannot stem the flood of his righteous indignation. He will not bestow his heart upon a woman who has committed a *faux pas,* and turns a stony ear to all her entreaties. The truth is revealed when it is too late for reparation. In his other novels, Hardy returns to this motif, and again shows the sad consequence of man's implacably unforgiving behavior on learning a woman's "past".

More directly than Hardy, George Meredith pleads in nearly all his novels for more toleration and equity on the part of the male sex. His treatment of this theme is characterized as follows by W. C. Brownell ("Victorian Prosemasters"): "With Meredith all this is changed by endowing women with an organization morally equivalent—and perhaps one may even say ethically identical—with that of men. He considers their responsibility the same, and as a consequence, neither enjoys, in virtue of any singularity of native constitution, an immunity denied to the other. They are played upon by an equally wide range of conflicting emotions, desires, temptations. When they succumb, they fall no lower, having suffered no perversion of their higher nature. 'Diana' is the book in which his ideal of the equivalence—as distinguished from the mere interdependence—of the sexes is most explicitly exposed, tho everywhere in his novels one finds evidence of it, and, as an important deduction in detail from this general proposition, the according to women of a sentimental freedom corresponding to the grosser liberty condoned in men. Meredith seems to say: What is this bloom of innocence you prize so highly and possess so little of? Merely the desideratum of a crude, not to say savage instinct of the masterful male. Evolution will inevitably dispose of it in due season, and meantime it would be the part of wisdom in you to wince less and be worthier." In "Rhoda Fleming" Meredith arraigns our double standard as follows: "All these false sensations, peculiar to men, concerning the soiled purity of woman, the lost innocence, the brand of shame upon her, are commonly the foul sentimentalism

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of such as can be too eager in the chase of corruption when occasion suits, and are another side of pruriency, not absolutely foreign to the best of us."

In Russia, a few years ago, a prominent writer, Artsibasheff, entered the lists in the struggle against conventional morality with a highly sensational novel called "Sanin," which gave rise to endless discussions and precipitated a veritable deluge of polemical literature. Tho strongly condemned in some quarters, and received with puzzled head-shakings in others, the book made a profound and lasting impression, and has been translated into several European languages. It is a powerfully written story, interspersed with many and well-aimed thrusts at our vicious sex-conventions. * Retrospective jealousy toward a woman's previous experiences in love comes in for an especially merciless excoriation, seldom paralleled in its brutally cynical frankness, which furnishes an interesting foil to Hardy's dispassionate treatment of the same theme. In this altogether remarkable novel, the author, using his hero as a mouth-piece, advocates a substitute for the free motherhood of Shaw—namely the expedient of abortion. This act he does not consider criminal and equivalent to murder, but calls it simply an interruption of a "chemical reaction", provided it is resorted to promptly enough. The general view he takes of female chastity must be characterized as cynical, tho purporting to be merely rational. Unrestrained sexual gratification is painted in such glowing colors, that hundreds of young readers had their heads turned, and throwing all conventions aside, gave themselves up to veritable orgies. Young people of both sexes indulged in unrestrained promiscuity, until brought back to their senses by the ravages of venereal diseases —and pregnancy.

In Scandinavia, the problem of chastity in its relation to the unmarried man forms the subject matter of Björnson's masterly story called "The Glove", while Ellen Key, the well-known Swedish radical and reformer, discusses sex matters in her book on "Love and Marriage", She preaches freedom of love and freedom of divorce. She warns, however, against confounding her freedom of love with so called free love, which is often understood to mean complete license.

These few examples, culled from representative writers, will suffice to indicate the drift of liberal modern opinion on the subject of our dual standard. Bitterly opposed to these progressive ideas are the conservative writers and speakers, who cling tenaciously to the current code of ethics. Both parties lay claim to the truth, each freely denouncing the other as an enemy of society. This alignment of forces on opposite sides appears to be an essential condition of progress. The sharp division into rival camps meets us everywhere—in politics, in science, in art, even in daily com-

* A review of Sanin by the Editor appeared in THE CRITIC AND GUIDE for October 1909.—Editor.

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ment upon trivial topics. The party of reform and the party of resistance are both necessary for moderate advancement. To adapt a metaphor from Meredith, one is the stream, the other the dam. Without the one, complete stagnation would supervene; without the other, headlong changes might disrupt society. The combined effect of both, exerting themselves in contrary directions, is a normal rate of rhythmic forward movement.

Such being the mechanism of social evolution, the contending factions mentioned above may be trusted to work out gradually the coming sex morality. In the meantime, it is the course of wisdom not to interfere with progress by limiting freedom of speech. In the words of Herbert Spencer, "there may be danger in assuming too confidently that our opinions concerning the relations of the sexes are just what they should be. In all times and places, people have been positive that their ideas and feelings on these matters have been right; and yet, assuming that we are right, they must have been wrong. Restraints on free speech concerning the relations of the sexes may possibly be hindrances to something better or higher".

It remains for us to consider the future form of the family, and this will be done in the following section.

IV.

When studying the rhythmic course of ethical development, we are frequently in danger of misinterpreting a temporary phase of retrogression for a permanent change. To this error must be ascribed the position taken by many modern writers in regard to the monogamic form of marriage. Observing its present shortcomings and the real increase in the divorce rate, they become needlessly alarmed, and rush to the conclusion that monogamy is a failure and must be superseded by a different arrangement. Their inference is not upheld by those who have devoted themselves to a deeper study of the subject. Let us hear a few representative voices.

In his recent book on "Divorce", Prof. Lichtenberger says: "Present tendencies do not mean the disruption of the family. They reveal the struggles of adjustment antecedent to more wholesome conditions. With the increasing recognition of the civil-contract theory of marriage and the growing appreciation of individual rights, there is destined to come greater freedom of divorce. The probable immediate result will be a further rise in the divorce rate. The net result of the modern movement will be to place marriage upon a better basis with larger guarantees of its permanency. An appropriate equality of economic opportunity will overcome sex dependence, and an equal standard of morals will minimize sexual immorality. Theoretical monogamy will tend to become actual monogamy."

We are as yet remote from such an ideal. We are passing

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thru a transitional stage, and our marriage relation shares the imperfections of all our institutions. But the outlook upon the future is calculated to inspire courage and hopefulness. "There is abundant evidence," assures us Westermarch (History of Human Marriage), "that marriage has, upon the whole, become more durable in proportion as the human race has risen to higher degrees of cultivation, and that a certain amount of civilization is an essential condition of the formation of life-long unions."

Speaking of ancient forms, Prof. Howard (History of Matrimonial Institutions) says: "The complex phenomena of human sexual relations have been examined in the light of scientific criticism. The result seems unmistakably to show that pairing has always been the typical form of human marriage. Early monogamy takes its rise beyond the borderland separating men from lower animals. At the dawn of human history, individual marriage prevails, tho the union is not always lasting. In the later stages, various forms of polygamy make their appearance, tho monogamy as the type is never superseded."

Modern monogamy, according to Lichtenberger, is the only form which meets universal ethical sanction among the civilized nations of the earth. The utilitarian arguments in its favor are summed up by Lecky in three sentences: Nature, by making the number of males and females nearly equal, indicates it as natural. In no other form of marriage can the government of the family be so happily sustained. In no other does woman assume the position of the equal of man.

These views are concurred in by numerous authoritative writers. Smyth calls life-long monogamy "the only relation that can be thought of as meeting the full claims and obligations of personality." Spencer's resumé deserves to be quoted at greater length: "The monogamic form of the sexual relation is manifestly the ultimate form; and any change to be anticipated must be in the direction of completion and extension of it. Future evolution may be expected to extend the monogamic relation by extinguishing promiscuity, and by suppressing such crimes as bigamy and adultery... With an increase of altruism must go a decrease of domestic dissension. Whence, simultaneously a strengthening of the moral bond and a weakening of the forces tending to destroy it."

In several ways future development may be expected to contribute to the solution of our present perplexity concerning sexual conditions, and to the growing stability of the monogamic union. With advancing civilization there seems to go *pari passu* a diminishing intensity of the sexual passion. A comparison of its uncontrollable power in the lower races with its partial amenability to reason characterizing the higher, justifies this statement and the hope that with further progress will come a still

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greater weakening of this instinct, possibly down to the limit necessary for race preservation, which ought to be compatible with very low grades of sexuality. Another important concomitant of civilization is the steadily growing power of self-control, which also becomes apparent on contrasting the impulsive nature of the savage with the comparatively self-contained nature of the modern cultured man. Continued evolution may be trusted to produce a type of humanity exhibiting far greater subordination of the lower instincts to the higher faculties than is vouchsafed to us at present.

The cooperation of these two factors, diminishing sexual passion and increasing inhibition of the lower centers by the higher, must play a strong part in determining conduct in the future. The Song of the Sirens will lose much of its fascination, and bands of steel will hold Ulysses secured to the mast. The outcome of the conflict between duty and desire will be decided without long and anxious vacillations.

Here, too, we may fitly mention and condemn the artificial excitation of sexual activity so noticeable everywhere, and so often resorted to from motives of commercial greed. The immodest fashions in the dress of women, the lascivious exhibitions on the stage, the obscene art, the pornographic literature, the indulgence in alcohol and in narcotics—all are calculated to arouse prematurely and stimulate continually an instinct sufficiently assertive by nature, and in need of restraint rather than encouragement. It may not be leaning too far on the side of optimism to predict that in the future a more rational mode of living will allow the procreative function to assume a lower habitual level of activity, and will eliminate many of its undesirable manifestations.

In conclusion, the reader's attention is invited to dwell upon the moulding of sentiments in conformity with institutions exhibited by societies in all stages of development. Any particular social arrangement invariably generates in the course of time a body of harmonious feelings, which make it seem appropriate and rational. Nations practising a form of marriage widely different from our own, show the same fervor in its defence, and the same intolerance towards other forms. The polygamous peoples of the East express amazement and loathing at the one-wife system, and sometimes indignantly refuse to believe in its existence. It is simply impossible, said an Arab sheik to a traveler, that in England a man can be contented with one wife. In Africa, we are told by Reade, a wife insists that her husband marry again, and calls him a stingy fellow if he refuses. Livingstone relates that negro women were shocked on hearing that in Europe a man has only one wife, and said it was not respectable. It is even hardly necessary to go so far for examples, when in our own midst there exists a polygamous community, whose

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women do not feel any repugnance towards the system of plural wives. "On the contrary," says a recent writer, "I failed to find a single Mormon woman who did not strongly uphold polygamy and proclaim her regret at its discontinuance. One instance of this may serve as an example: two young girls who had been bosom friends from infancy, had planned as their life ideal that they should marry the same man."

All these illustrations of sentiments adapted to circumstances justify the inference, that among ourselves the continuance of monogamic marriage will go on strengthening the sentiments appropriate to it, and will in time create a feeling of extreme repugnance towards any violation of the nuptial tie.

In the interim, we must be satisfied with crude approximations to this remote ideal. Compromise is the term which best characterizes our current morality. Compromises are unavoidable in our transitional stage of civilization, and especially within the sphere of sex relations.

That even in the far more stable monogamic relation of the distant future compromises will obtain, may be gathered from the following passage: "It by no means follows," says Lecky, "that because the life-long union of one man and one woman should be the dominant type it should be the only one, or that the interests of society demand that all connections should be forced into the same die. Connections which were confessedly only for a few years have always subsisted side by side with permanent marriages. In the immense variety of circumstances and characters, cases will always appear in which, on utilitarian grounds, extra-matrimonial connections might seem advisable."

Such alliances are at present clandestine and therefore de- and other reprehensible forms of conduct. Hence, sporadic moralizing. The urgent need of secrecy leads to deceit and crime attempts have been made to obtain public recognition for free unions under certain oppressive economic conditions which preclude wedlock.

Possibly, future evolution will discover a means of reconciling permanent marriage with alliances of a less stable character, by removing the stigma now attaching to them, and declaring them legitimate, tho reserving the highest ethical sanction for life-long monogamy.

To sum up our ratiocinations before leaving the subject, we may say that mankind will in time relegate prostitution and adultery to the past, and marital relations will be entered upon without undue delay after puberty. Possibly we are not trespassing far on forbidden ground by taking one more step, and saying that the general advent of clean and early marriages will foreshadow an ultimate single standard of pre-matrimonial continence, equally binding for both sexes.

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On the Artificial Prevention of Conception.

An Argument Against the Promulgation of Measures for Preventing Conception by Artificial Means.

BY J. P. WARBASSE, M.D., NEW YORK.

The evolution of new social ideals is going on so rapidly, schemes for human betterment are so numerous, and radicalism in all lines of social thought has become so esteemed, that it seems to have grown to be the fashion to brand with a stigma of ignominy the traditional and accepted practices of society. There is no social institution, from birth to death, which has not been assaulted. While it is true that all social practices possess some undesirable features and that many are perhaps more pernicious than good, it is also true that there is no custom which society has long accepted but that has had a natural origin and has served some useful purpose in its evolution. Particularly is this true of the conditions which have grown directly out of the great salutary human instincts.

The artificial prevention of conception for the limitation of offspring, especially among the poor, has been put forward as a remedy for certain of the social ills, predicated upon the proposition that the knowledge of means for preventing conception should be freely available to those who wish it. There is much about this proposition which appeals at once to the broadminded who recognize all knowledge as good. It is entirely conceivable that the possession by the public of means for the prevention of conception would redound to the general welfare. My friend Dr. William J. Robinson has ably championed the proposition. He has reported many instances in which undesired pregnancies have ruined the health of mothers, estranged husbands, brought into the world unloved and unhealthy offspring, increased the burdens of poverty, and deterred men and women from entering into wedlock. The cause which he has represented is a strong one. Many of the arguments in its behalf are irrefutable. It must appeal to the sympathies of all fairminded persons. As it is an untried experiment, and as society at present is opposed to such measures, it may be wise to consider the question in the light of an hypothesis, and, as its advantages have been well presented, enquire what may be offered against it.

The fact that there is another side to the question, that the whole matter is so vitally bound up in the exigencies of an imperfect social system, and that the truth is best discovered by viewing such questions from all sides, prompts me to a discussion of some of the objections and dangers inherent in the proposition.

In discussing the limitation of offspring, it may be asked, how many children are too many? How many are enough? Children are often not wished for, but later are recognized as a blessing. The child-bearing period is limited, and it is often the case that when it is too late children are wanted.

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The "one child well reared" fallacy has been introduced into this discussion. If there is any one child that is entitled to pity it is the only child, which is receiving the attentions of at least two adults who are devoting themselves to giving it "the advantages" which shall make it "well reared". If I were asked for a receipt for rearing one child well, I should say "Let it have some brothers and sisters."

The limitation of offspring is advocated as of especial value to the poor. But we may properly ask who are the poor? Financially speaking, the poor today are the rich to-morrow, and the rich today are the poor to-morrow. If we can recognize such classes, we may then ask the question, which class furnishes the world with the most useful men and women? The answer is that they come from the ranks of the so-called poor. Who have the most children? The poor. Nature is wise. Is it not best for society that the people who are living the most naturally, working with their hands and introducing the least that is artificial into their lives, should contribute the most to the population? I think it is, provided that we exclude from this argument that woman who refutes the claim that we are a civilized people, the wage earning mother who is the slave of a machine. The poor, so far as this discussion goes, should be those who are most poorly qualified to be parents of children. They are the poor from the standpoint of eugenics. They are found in all the grades of financial standing.

Turning to the biology of reproduction, we find that impregnation is one of the incidents of sexual love. It is physiologic. The sequence begins with sex stimulation thru sight, sound, touch and thought. Then follow copulation, impregnation, and childbirth,—a natural physiologic sequence. To impose interruptions when once sexual excitement is engendered is fraught with danger.

There is a wide-spread misconception of the effects of childbearing. It is generally regarded as a depressing and depleting function. This misconception exists also among the medical profession. It is true that many women are physically damaged by child-bearing—practically all women of the idle class are—but the damage is exceptionally due to the childbirth. It is usually due to other conditions. I will enumerate some of them:—

1. The child is not welcome. This may be on account of absence of love for the father, poverty, ignorance, fear, etc. This depresses the mother and does her physical harm.

2. Ill health of the mother. This may be due to any of the causes inherent in the general lack of knowledge of hyglene or to a vicious environment. The wonder is that so many women are healthy. Women in civilization are bearing children with more and more difficulty. This is clearly due to the vicious factors ot unhygienic idleness on the part of the rich and to unhygienic toil on the part of the poor, all of which destroy their mental as well as physical stamina.

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3. Ignorance of sexual hygiene. Many women grow up, blunder into love, courtship and marriage, and find themselves pregnant, scarcely knowing what it all means. They are even less fitted or ready for motherhood than they were for wifehood.

4. Ignorance of values. A large proportion of women fail utterly to grasp the important things of life. They do not distinguish the great from the trivial. They never get hold of the joys to be found in fulfilling the great missions, even humbly. They miss the significance of home, motherhood and the domestic pleasures. They fail in their choice between aimlessness versus work, bridge parties and idleness versus wholesome vocation, pug dogs versus babies.

5. Ignorance of the possibilities of the child (a) for itself, (b) for the family, (c) for the state. One cannot escape hearing the utterly depraved expressions of city women concerning pregnancy and babies. They talk about being "caught", and a woman with a baby excites their pity and scorn. These simpering things, with high heels and ostrich plumes, profaning motherhood—it is the babe that should dread being "caught" with such a mother.

6. The idea that child-bearing is unhealthy, that it is pathologic. This is a prevalent superstition among the ignorant, idle and wasteful. It does them much harm. Instead of such persons living normal lives, they regard themselves as invalids as soon as pregnancy is discovered. They feel dreadfully about it. These women will be found sequestered in their badly ventilated, overheated houses, with a nurse holding their hands during the latter months of pregnancy,—and the husband a nervous wreck. Finally when the baby is born, and the muss cleaned up, the doctor gravely delivers himself of the admonition, "I have brought you thru this, but you must never become pregnant again." That is what they all wanted to hear; and for all time the family is convinced that child-birth is a terrible thing, and the wife was saved only by the great skill of the doctor. All of which is not an uncommon occurrence in our great cities. I often wish that these wretched women might be attended by some of the sturdy old practitioners of our rural districts. They might not have the nonsense taken out of them, but at least they would not have any more put in them.

7. Incompetence in caring for children. A woman who finds herself pregnant is often overwhelmed with the great sense of care and responsibility incident to motherhood. And commonly she is justified, for the average American woman becomes a mother with little or no training or education aimed to fit her for specializing in the science of child-bearing and child-rearing. I wonder that they are not more overcome with dread at the responsibility for which they are so little fitted. Some day this will be a part of a woman's education: at present this most important function of womanhood is studiously avoided by the schools.

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8. Positive harm from child-bearing may spring from (a) infection, (b) hemorrhage, and (c) some of the rarer accidents of pregnancy and parturition. Modern science has overcome these almost entirely. Once they were great sources of morbidity and mortality, and the traditions of them linger still as a bugaboo to frighten women. Many obstetricians attend a series of women as large as five thousand without a fatality due to child-birth. The hazard in a well and happy woman with a competent accoucheur is practically negligible.

The discrepancy between this last statement and the fact that many women are found to be damaged after child-birth lies in the fact that they have been harmed by conditions entirely extraneous to this physiologic function. A man may have learned how to swim well, but if he is weak with debauchery when his boat capsizes he will perish because he cannot swim the few strokes necessary to save him. Debauchery is his undoing, not a defective swimming stroke or the laws of gravitation.

Whatever measures are employed for preventing conception in the presence of coitus, there are certain objections to be offered against them:—(1) They may diminish the pleasure of sexual contact; (2) they may be uncertain; (3) they may cause disease; (4) they cost money; (5) they may tend to drive the husband elsewhere; (6) their sale is against statute law.

What might be the result of a general publicity of preventives of conception? It is obvious that if information concerning such measures were transmissible thru the mails they would be accessible to the unmarried as well as to the married. (1) The young unmarried would make a large use of them. Sexual intercourse would become greatly increased. This would harm society. (2) Many pregnancies would result from carelessness. This number might equal the number prevented. (3) By greatly increasing the coitus practiced, venereal diseases would be increased. (4) Marriage and the organization of the home would be postponed in many cases.

Intercourse except when practiced between man and wife is in general harmful to society. I have elsewhere ("Medical Sociology" p. 83) enumerated the objections and dangers inherent in extra marital sexual intercourse. The acceptance by society of artificial preventives of conception means the endorsement of the theory of the sexual necessity with all its accompaniments and sequelae.

What remedies may be offered to overcome the evils which prevention of conception may be hoped to ameliorate? There are at present two great classes of parents: those who do want the child and those who do not. In many instances the former have not and the latter have children. Co-operation between these will help. The Charity Organization Society of New York is already carrying on a splendid work in reconciling these two complementary elements. It is placing the unloved and homeless child in the childless home.

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The fundamental need is the correction of the conditions, already enumerated as associated with or causative of harm in child-bearing. When these are corrected women will bear children gladly.

The State should be interested in the unborn child. It is interested in the individual citizen. It regulates him and taxes him; it feeds and cares for him if he becomes a criminal, a pauper or an idiot. It is interested in marriage. It regulates it, legalizes it, and is jealous of its perpetuation. A still greater concern is due to the newborn. Every child should be born into the arms of the State. It is the most important thing that comes into the world. We are much concerned with the immigrants who pass beneath the shadow of the Statue of Liberty (they must be free from disease, have a certain amount of money, be able and self-supporting, etc.). Should not society be more concerned for the little people who pass beneath the pubic arch? The State will do wisely to prepare for them, first by taking good care of the mother. She should be well fed and housed. The babe should be received into a decent abode where there is light and air and cleanliness and food. The mother should not be driven to uncongenial and exhaustive labor. She should be free. The child should have play and education and room to grow. These are the remedies for the harms inherent in conception.

There are certain normal conditions. A husband at twenty-six and a wife at twenty-four have a child-bearing prospect of sixteen years. During that time if the wife bears one child every two years, she will have eight children. In the artificial life of the cities, with their great class of the idle rich and their parasites, on the one hand, and the exploited proletariat at the brink of starvation on the other, such conditions are impossible. But when society organizes itself upon an equitable basis the family should thrive. The enduring satisfactions of life develop about the family circle. The little house with its garden, the husband a worker and the wife a worker too, both with abundant leisure made possible by the receiving of a full compensation for their toil—in such a home preventives against conception have no place. These are the substantial things to be worked for. Malthus and the mathematicians may look into the future and predict direful things, but the future will take care of itself if men and women are happy now.

The Reason and Purpose of the American Society of Medical Sociology.

BY WILLIAM J. ROBINSON, M.D., NEW YORK.
President of the Society.

The reasons which brought about the formation of the American Society of Medical Sociology are threefold in character:

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Read before the meeting of the A. S. M. S. March 4, 1911.

There was a time when the medical profession was exceedingly narrow, conservative and hide-bound by tradition and authority. It was exceedingly difficult to interest members of the profession not only in any social problem, but even in any new method of treatment. Any criticism of existing medical conditions brought down upon one the obloquy of the medical authorities, and he was considered a heretic, and very often he was ostracized for his temerity.

Matters have changed as far as purely medical problems are concerned. Now we are willing and ready to listen to criticisms and suggestions for improvement, and we are ready to try new methods of treatment, no matter from what source they come, provided they have the slightest foundation in common sense and reason.

But we are still too narrow and conservative when it comes to discussing the wider social or medico-sociologic problems. And there are few medical societies in which a radical speaker can say just what he wants to say, without being frowned upon or without being given to understand that he is *persona non grata.*

We want a medical society in which the truth, and the whole truth, on all subjects of interest to the profession and to the laity can be spoken freely, without restraint, without fear of being ostracized, and without being declared out of order by the president.

That many of the ideas and notions regarding medicine and medical problems entertained by the laity are crude and incorrect, is known to most of us. But it is a peculiar fact that the ideas of the so-called better classes, of the quasi-educated and quasi-cultured, to which category belong artists, painters, sculptors, actors, dramatists, novelists, poets, bankers, clergymen, etc., are often more crude, more absurd, more fantastic than those of the working classes. The uncultured ignorant man knows nothing about medical problems, but he *knows* that he knows nothing, and acts accordingly. The quasi-cultured has a little knowledge, but that knowledge is generally ill-knowledge; his information is misinformation; his conceptions are misconceptions. And he loves to generalize. From one case he makes deductions for all humanity.

I cannot, of course, refer here to all the quaint and queer notions which the laity entertain regarding medical questions, for they would fill an encyclopedia. I wish to give merely an example. In a recent newspaper discussion which I had with a well known writer, that gentleman accused the medical profession of having killed David Graham Phillips, for, in his opinion they gave him something to eat when they should not have (which was not true). In his opinion Phillips could have lived *thirty* or *forty days* without food, and his death was not due to such a trifling

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thing as the six bullets, but to the doctors. That gentleman also earnestly and vehemently maintained that every disease without exception—malaria, syphilis, gonorrhea, kidney disease, heart disease, cancer, and even deafness—could be cured with absolute certainty by fasting a week or two. He, however, contradicted himself in a subsequent letter by saying that tuberculosis (which in his opinion is due not to the tubercle bacillus, but to fermentation of starch and sugar in the body) in the last stages can be cured by eating lean veal. Now, that man is not an unlettered ignoramus, he is not a common charlatan or quack, who deliberately propounds fantastic theories in order to be able to prey upon an ignorant and gullible public. He is a fairly successful writer, and one novel of his, "The Jungle", had a great vogue for several months; and I have no doubt he is humanitarian in his tendencies, and he means well. But as regards medical problems he is ignorant—woefully, shamefully, perniciously ignorant. But he is not a unique phenomenon, an exception. No; he represents a type, and in the above referred to newspaper discussion many correspondents took up the cudgels for him and defended his theories, which any medical student knows to be false and absurd to the borderline of idiocy.

Who is responsible for this ignorance, this misinformation regarding medical problems, this misconception regarding the medical profession? Of course, the principal cause is to be looked for in the general low level of intelligence of the people, in our poor system of education, which crams a person with a number of disconnected facts and data, but utterly fails to teach him to think, to analyze, to demand the *why* and *wherefore;* fails to imbue him with eternal law of cause and effect. Yes, the principal fault is in our education, which taxes the memory but utterly fails to develop the reasoning faculties.

But to a great extent ourselves, the medical profession, are responsible for this ignorance of the laity. We have kept aloof; we have been exclusive; we have considered it beneath our dignity to write for the newspapers or popular magazines on medical topics. Even now the majority of physicians look with disfavor on any attempt to discuss medical problems with the laity.

What has been the result? The result has been that the laity has been obliged to get its information from pretenders and quacks; the result has been that a number of popular health journals have sprung up, practically every one of which is edited by an ignorant quack who has some ax to grind, some apparatus to sell, some special food to offer, some sanitarium to boost. The misinformation that is scattered broadcast by the so-called health journals is appalling to contemplate. The most ridiculous assertions are made with an aplomb which brooks no contradiction; every branch of medicine is ignorantly perverted or prostituted to ulterior ends.

Here is an example of the physiology that is taught in these

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journals: In a journal called *Physical Culture* a writer vehemently maintained that most of our ills are due to using common salt with our food. He demanded that we give up using salt altogether, because, said he, it is a foreign element, and not a trace of it is found in our system. As is well known, common salt is one of the principal inorganic constituents of our blood and tissues, and is to be found in all our excretions and secretions—in the gastric juice, in the woman's milk, in the tears, in the urine, etc. So much for the quack physiology.

As an example of therapeutics, it is sufficient to mention that the blatant and ignorant editor of the aforementioned journal advises that diphtheritic children be not kept in bed; that they be made to walk about, to exercise. As is well known, in convalescence from no disease is it so important to keep the child in bed, for fear of heart failure from cardiac paralysis.

It is thus seen that the medical profession has a tremendous missionary field in educating the public in matters concerning their life and health, and in refuting the false, ignorant prejudiced and biased teachings of those who prey upon it. And I assure you that when the public knows that it has an authoritative source to which it can go for honest, unbiased and unselfish information on medical subjects, it will drop the quacks and turn to the regular medical profession.

We recognize that many diseases owe their origin largely or wholly to economic or social conditions; we recognize that the very results of our treatment often depend on the financial circumstances of the patient; we recognize that there are many problems which are medico-social in character, and therefore cannot be handled successfully by either the medical profession or by the laity alone.

One needs the co-operation of the other, and for this reason a society uniting the thinking elements of the medical profession and the laity cannot but prove a tremendous power for good.

To recapitulate, the American Society of Medical Sociology has been organized for a threefold purpose:

1. In order to furnish to physicians an open platform where they may express their inmost thoughts frankly and fully, as dictated by the latest developments of science and by their experience, unrestrained by the fear of being frowned upon by dull respectability or bigoted prudery.

2. In order to furnish the intelligent and thinking layman a means to come in intimate contact with the best parts of the medical profession, where they can discuss and hear discussed problems of vital importance to the human race, and where they can get correct and honest information on problems affecting their life and health.

3. In order unitedly to handle the great problems of a medico-social character which cannot be handled successfully by either the medical profession or the laity alone.

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THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

The Treatment of Pulmonary Tuberculosis.

The building up of the patient's defenses is the keynote to the therapy of phthisis. This must be carried out in a very definite and aggressive fashion, for the disease is not self-limited by the development of antibodies and we must resort to many means that are relatively unneeded in other diseases.

Since fat-destruction is one of the chief characteristics of the disease we must make special efforts to increase the ingestion, assimilation and absorption of fats. This is fraught with some difficulty as a rule, for digestion is apt to be poor in tuberculosis subjects. And fats are not particularly easy of digestion at any time. Buttermilk made artificially by the various lactic ferment-containing preparations now on the market, the whole milk, containing its cream, being used, is an excellent food. If the patient can take a dozen eggs a day, a good deal of butter and chocolate, in addition to steaks and other meats, bread (toasted slightly, or somewhat stale), salads, cooked fruits, rice, custard, cream and vegetables, progress in respect to weight may be expected. Food should be given at frequent intervals—every three hours—and in quantity must be as great as the patient can digest. The diet must be sufficiently varied from time to time to avoid monotony. Eggnog is a useful form in which to combine two of the principal foods. Digestive power of course depends largely upon life in the open air. Olive oil in ounce doses after meals will supplement the fat feeding very well.

If possible the patient should live in a tent the sides of which may be raised. Window tents are excellent expedients. Roofs and porches are frequently utilized to splendid advantage.

Patients running a temperature must be kept in bed during the fever's continuance. For others mild exercise in the open air, including deep breathing, is essential. They must not be permitted to lounge most of the time, yet must not fatigue themselves. Exercise which sends up the fever must be interdicted.

The clothing must be light, and heavy woolen underwear should not be worn, for the skin must be properly ventilated and constitutional resistance thereby enhanced. The patient must have warm bed clothing, however. Nothing must impede respiration and the free play of the muscles of the chest. Chest "protectors" are abominations.

Rubbing with oil is a procedure of doubtful merit, but a daily cold water rub, the friction being vigorous, is excellent. This should be done by an attendant, if possible.

Generally speaking, patients should remain in the climate

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where they expect to spend their lives. Climate never outweighs good care and treatment at home. It is true that metabolism is apt to be favorably influenced by altitude and change may exert desirable psychic effects. The best results are to be expected where the air is pure and the temperature changes not too marked. But the main point to consider and accurately determine is the locality in which the patient will receive the best study, supervision, care, feeding and treatment.

Of tuberculin we have to say that it is still in the experimental stage. Trudeau's results have been very good. If used at all it ought to be under expert laboratory control. Sollman condemns it unqualifiedly. Except in lupus and tuberculous joints he regards it as chiefly useful as a diagnostic agent, a rise of temperature of 1°F. being taken as the index of reaction. Yet it is true that a positive reaction occurs in other than tuberculous affections. What is called Tuberculin R., prepared by the extraction of cultures grown on solid media, is milder, but no more effective. Moreover, since it sometimes contains living bacilli, Sollman condemns its use utterly. However, the reports on Tuberculinum Purum (Endotin) seem to be favorable.

In addition to building up the patient in the ways discussed resort must be had to antiseptic treatment. Creosote and guaiacol have been much employed. Creosote, as such, has given way largely to creosote carbonate. This may be dropped into milk or given in capsules containing five minims. The carbonate of guaiacol has an excellent record. So has thiocol. Wright, of the Navy, has secured striking results by the intramuscular injection of mercury succinimidum, in gr. 1/15 doses every other day until the gums get tender or slight diarrhea is produced, when the dose is reduced until these symptoms disappear and the injections continued until thirty have been given (*Navy Medical Bulletin*). The treatment with mercury, however, has been discredited.

Sprays, nebulizers and inhalation respirators are employed, and while it is doubtful whether the medicaments reach the alveoli, they undoubtedly soothe the irritated respiratory passages. The following formula is a good one for use in an inhalation respirator, which consists of perforated metal chambers, made to fit the nose:

℞ Iodoformi .....gr. xxjv;
Creosoti puri .....m. iv;
Olei eucalypti .....m. viij;
Chloroformi .....m. xlviij;
Alcoholis et ætheris .....q. s. ad ℥ jv.
M. f. inhal. (Robinson).

Chinosol and formaldehyde have recently been used and favorably reported upon.

Menthol and chloretone, with liquid petrolatum, used in a compressed-air nebulizer, are very soothing.

Regarding other drug treatment, heroin, in gr. 1/20 doses,

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may be used as a cough sedative when absolutely necessary. Strychnine sulfate, in gr. 1/30 doses t. i. d., stimulates digestion, circulation and respiration. Nux vomica is better in the presence of weak digestion, in ten drop doses, four times a day. The iodides stimulate metabolism, and for this purpose teaspoonful doses of the syrup of hydriodic acid half an hour before meals is the best form.

Symptomatic Treatment.—We have already mentioned heroin in the treatment of cough, but it ought only to be used for dry, hacking, irritative coughs. It will also discourage the coughing *habit*. Never combine it with other drugs, on account of the impossibility of regulating the dosage. Susceptibility to this drug varies much. The writer has repeatedly seen gr. 1/48 q. 3 hrs. produce nausea, whereas many patients stand gr. 1/12 with no result other than upon the cough. Morphine must of course be used in hopeless cases. Never use it under any other circumstances. It is preferable to relieve the cough with steam charged with eucalyptus, rather than to use sedatives. The mask or the nebulizer (menthol and chloretone) may suffice for this purpose.

For sweating, the cold water frictions are preventive. So is strychnine. So are tent life and hygienic clothing. Atropine may have to be used, in gr. 1/100 doses at bedtime. Agaricin, in gr. 1/100 doses t. i. d., sometimes acts well. Picrotoxin, in gr. 1/40 doses t. i. d., is a vasomotor steadier.

Diarrhea is best controlled by tannigen, tannalbin, or the tinctures of kino and krameria. If there is pain associated with it use ten-drop doses of laudanum.

Vomiting should be treated by lavage and lightening the diet. Mineral waters are useful. Ten grain doses of bismuth subnitrate or cerium oxalate will help.

For hemorrhage keep the patient on his back for a day and apply an ice bag to the chest. Also give the patient cracked ice. Amyl nitrite and nitroglycerin are positively useful. Large doses of calcium lactate are used (grs. 15 q. two hrs.) but laboratory experiments do not bear out the claims of the users, in respect to its shortening the coagulation time of the blood. To lower the blood pressure drop doses of the tincture of aconite or the fluid extract of veratrum viride may be given. Probably more effectual than any thing else is the hypodermatic injection of morphine in conjunction with atropine.

In regard to fever, a moderate temperature need not be actively treated, nor treated at all, save that the patient should be put to bed. If the measures we have detailed do not keep the temperature down the case is probably hopeless. Phenacetin, on rare occasions, may be employed.

Treatment of the Complications.—Fistula in ano may be treated surgically if the patient's general condition warrants it; otherwise it will have to be palliated.

For pleurisy strap the chest. Heat will relieve the pain.

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Do not aspirate a pleuritic effusion in tuberculosis if it can be avoided. Counterirritation with iodine may relieve the common type.

Pneumothorax may be tapped if it causes dyspnea. Take enough air out to equalize the pressure. Do not operate on a pyopneumothorax unless it be imperatively demanded on account of urgent dyspnea.

Laryngeal tuberculosis is treated by inhalations and absolute rest of the organs of speech. From five to forty per cent. lactic acid may be applied to the ulcers, and the results of this treatment have been excellent. It should be carried out by a laryngologist.

Ergot is commonly used in renal hemorrhage. Ergotoxin (1/100 gr.), given intramuscularly, is said to be better. Calcium salts are useful. Adrenalin intramuscularly is very effective (one c. c. of the 1 : 1,000 solution). Hexamethylenamine (grs. v t. i. d.) will prevent renal sepsis.

The proper treatment of pregnant syphilitics would prevent many of the cases of infantile cerebral palsy, which disease *per se* is notoriously unamenable to treatment.

For meningitis:—

℞ Hexamethylenaminæ ..... 3.00 grms.
Tr. nucis vomicæ ..... 0.70 c. c.
Glycerini ..... 50.00 c. c.
Elix. (N. F.) ..... 50.00 c. c.
M. One teaspoonful every three hours.

In tetanus the spinal injection of 4 c. c. of a twenty-five per cent. solution of magnesium sulfate has given splendid results, lessening the rigidity and suffering almost magically. Puncture 2 cm. to the side of the median line below the fifth lumbar vertebra on a level with a line extending between the highest points of the iliac crests, a few drops of cerebrospinal fluid being allowed to escape before the injection is made. The aseptic details must be perfect. The procedure may be repeated daily. Relief lasts for many hours and the prognosis is vastly improved.

To promote the absorption of apoplectic exudates:—

℞ Tr. nucis vomicæ ..... 15.0 c. c.
Potassii iodidi ..... 10.0 grms.
Ext. fl. cascaræ sag. ..... 5.0 c. c.
Elixiris ..... 200.0 c. c.
Sig. Two teaspoonfuls t. i. d.

Poisoning by Mercuric Chloride Thru Vaginal Douches.

We have written a number of times against the use of corrosive sublimate in the vagina for any purpose. We are glad to see other journals taking up the subject. The *Canadian*

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Journal of Medicine and Surgery discusses the question editorially in a recent issue. It says:

MERCURIC chloride vaginal douches given after labor may prove very dangerous. Dr. H. Jewett in his Manual of Midwifery states:

"The use of corrosive sublimate solution for douching purposes is not to be recommended. In the first place, even in very weak solution, it is occasionally attended with unpleasant consequences, as it affects different patients in different degrees of severity. Severe nephritis has resulted in some cases and death has followed the injection of a quart of corrosive sublimate solution of a strength of 1 to 1,000."

A danger of a very unusual kind, arising from the use of the mercuric chloride douche after labor, was noted at the clinic to the profession, in the Toronto General Hospital, January 4, 1911. A patient was presented there, who, subsequent to labor (in private practice) had been attacked with general peritonitis. It appeared that her medical attendant, wishing to give a uterine mercuric chloride douche, was so unfortunate as to perforate the softened uterus of the patient and discharge the douche into her peritoneal cavity. The ensuing peritonitis, the etiology of which was remarkable, was of extreme severity, but fortunately, the patient escaped with her life.

In non-puerperal women mercuric chloride vaginal douches are dangerous —especially in the case of women suffering from Bright's disease. A fatal case of poisoning by mercuric chloride contracted thru vaginal douches was reported in the J. A. M. A., June 4, 1910, by Dr. Patek. The patient, an unmarried woman, aged 35, has used vaginal douches, prepared by dissolving tablets of corrosive sublimate in water.

Inflammation and edema of the labia and vaginal tract of the patient were noted. Constitutional symptoms of mercuric poisoning were also noted, *viz.*, vomiting, diarrhea and anuria. A specimen of her urine, withdrawn by catheter, revealed abundant albumin, epithelial cells, hyaline casts, blood and pus, indicating nephritis. After an illness of eleven days the patient died of nephritis, caused by corrosive sublimate. As the patient had not taken mercury by the mouth, its absorption, in toxic quantities, must have occurred thru the vagina. She may also have had Bright's disease, which would render her peculiarly susceptible to mercuric poisoning.

FOR ALOPECIA FURFURACEA.

℞ Salicylic Acid .....gr. xxx
Chloral hydrate.....gr. xx
Petrolatum .....℥j
Antheol .....℥j
M. et sig:—

To be applied at night; the head covered with a loose cap to prevent soiling the pillow. Wash off with soap and water in the morning.

Dr. F. S. MASON.

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Salvarsan and Mercury.

Gottheil is not enthusiastic in respect to salvarsan in syphilis. He considers it of undoubted efficacy in the early cases and where mucosal lesions are the predominant features. In other cases he appears to think it not superior to mercury.

Gastric Ulcer.

Gastric ulcer cases must be kept in bed at least three weeks, chronic ulcers six weeks. A milk diet is usually effective. It is not always necessary to resort to starvation methods of the radical sort. Alkalis are not ordinarily required in acute ulcer, but in chronic ulcer they must be given on account of the marked hyperacidity.

Acute Poliomyelitis.

Hare believes that if the victims of acute poliomyelitis were not actively medicated, only the ordinary hygienic measures being carried out, that the recoveries would be far greater in number. Still, the use of hexamethylenamin, febrifuges, ergot, calomel and salines, and the large Bier's cups, seems to be endorsed by many.

In Chlorosis.

In the treatment of chlorosis open air and breathing exercises are essential. Iron and arsenic are of course the most useful drugs. Eggs and meat are the most essential foods.

In Scanty Menstruation.

Potassium permanganate is a very efficacious drug in the treatment of scanty, delayed and suppressed menstruation. The dosage in amenorrhea should be one or two grains three times daily. It should be given in pill form, with a little kaolin.

In Cocaine Collapse.

Ether is said to be very effective in the treatment of cocaine collapse. It should be given as in ordinary anesthesia.

Morphine in Pneumonia.

The judicious use of morphine in pneumonia is entirely justifiable. Hypodermatic injections at night insure sleep. The organism is rested and enabled to continue the fight. Cough is lessened for a time, but later expectoration is free. Pain is relieved, dyspnea lessened, the pulse is quieted and even the temperature falls a little.

Aspirin in Endocarditis.

In the treatment of the acute stage of endocarditis aspirin is less depressing to the heart than the salicylates.

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Rice Diet in Skin Diseases.

Bulkley has obtained excellent results in inflammatory conditions of the skin by limiting the diet to rice and bread and water.

A Rubber Sound Found in the Abdomen.

Dr. J. Bastian (*Rev. méd. de la Suisse rom.*, September 20th, 1910) was consulted by a woman, aged 32, with the following history: She was confined in September, 1907, and nursed her baby. About the end of November she felt ill. There were vague abdominal pains, with a feeling of weight and amenorrhea. Fearing pregnancy, she consulted a midwife, who examined her with a speculum and other instruments, one of which caused intense pain. These manipulations were followed by the discharge of a few drops of blood. In January, 1908, the writer was called in consultation. The patient had been in bed a fortnight, and had become emaciated. The temperature was 101.8° F., and there was violent pain in the left iliac fossa, with occasional vomiting. There was slight tympanites, and the left iliac fossa was tender. Per vaginam there was extreme tenderness of the anterior and left lateral cul-de-sac, but no fluctuation was felt. There was evidently pelvic peritonitis, which was assumed to be secondary to trouble in the left uterine appendages. Fifteen days later there was a copious discharge of pus per anum. The temperature at once became normal. The writer believed that complete recovery had occurred, but in February, 1910, he learnt that the pain had recurred with nausea and occasional vomiting. On February 20th, 1910, he saw her. There was constant pain on the left side, and also to a less extent on the right. On incision of the peritoneum a loop of intestine was seen to be adherent near the left external inguinal ring, where it was bent so sharply as to resemble a hernia. After separation of the adhesions a circular perforation was found.

Both the uterus and appendages were normal, but at the external third of the round ligament, close to its exit from the inguinal canal and exactly at the spot to which the intestine had been adherent, was a black cylindrical body. On investigation it was found to extend from one round ligament to the other between the anterior surface of the uterus and the bladder and beneath the peritoneum. The body was seized with forceps and extracted. It proved to be a No. 8 (French) rigid rubber sound, 10 in. in length. It was of a fetid odor and exuded pus on pressure. After resection of about 2 in. of the damaged gut, the track of the sound was disinfected with peroxide of hydrogen, the peritoneum was sutured over it with catgut, and the abdominal wound was closed. The patient recovered. The writer believes that the rigid sound became obstructed by the internal os and, on pressure, perforated the left wall of the uterus subperitoneally. By the movements of the body the sound gradually escaped further and further until it gained the position in which it was found.

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LETTERS TO THE EDITOR

Large Families Among Poor.

Dear Doctor:—I have just finished reading the interview with you as reported in "The World" in which you declare large families among the poor to be a crime, and I feel I would like to write and say what pleasure your remarks gave me and to thank you on my own behalf, and on behalf of other poverty ground humans for your wise and courageous statement. I hope the time may soon come when the knowledge of how to prevent these cruel and criminally large families will be in the hands or heads of every man and woman of proper age. The rich I am told have this knowledge; it is only the poor, who need it most, from whom it is withheld.

I am a poor man and I know of what I speak. I have a charming wife who is worthy of a better fate than a poor man can bestow upon her, out their children which I know is too many for my income. To do them justice, I have been parted from them for 18 months now, trying to get a better living for them, but without much result. I wish dearly to live with them again, but for all that, I would sooner be parted from them while other children are impossible for me, rather than be the means of bringing another to share what is insufficient for those I already have. One child is as much as the average manual worker can afford to have if he is to do right by himself, his wife, and child, and men like T. R. who preach large families, should be gagged or made to support them in comfort until they are self-supporting.

J. BOWKER.

Brooklyn, N. Y.

Large Families Among the "Genteel."

Dear Dr. Robinson:—I am a very unhappy woman and reading in the paper your views of large families has prompted me to write you. I have four children and we have been a little family, but I have now gone ten days over my monthly period and I am utterly miserable. I do not see how we can care for another child and will you write me? It will be a great kindness for I feel so desperate. It seems to me, that we who are born in the gentle circles of life suffer most, for we long for our children to move in the walks of life to which they are entitled, and if we have too many to care for and educate, we cannot do it. You are the only man I ever heard of who really seems to know how hard it is, and I hope you will forgive me if I have presumed upon your kindness and your time.

MRS. W.

Richmond, Va.

And such letters come in every day. But we can do nothing. The law is too drastic to take any risks.

Women Defending Their Honor.

Dear Dr. Robinson:—I take exception to your brief paragraph entitled "Women Defending Their Honor." Your statement that "the woman who becomes very boisterous in the defence of her honor has no honor to defend" seems to me somewhat to lack respect for women. There is a certain class of men who would make life very miserable for the unaccompanied woman if they were not afraid that once in a while they would meet the woman whom you condemn, because she resents their insults either with well deserved blows from her fists or her umbrella; and to me it seems that it is only too bad that we do not have more women who are willing to gain your condemnation by having these ruffians arrested and appearing in court against them so that they get the punishment they so justly merit. The few cases which have come to my knowledge thru the papers in this regard have not been those of "sexual perverts, loose women, old maids or viragos", but rather healthful and attractive young girls and respectable married women, whose standing in our community is unquestioned.

It is because so many of our good, refined women who are insulted do pass on, that we have so many of these "animals" at large and it is

for this same reason that the following has happened at different times to four of my patients, two of whom are married women and two of whom are young girls, one of the latter being only fourteen years of age at the time it happened to her. The place of the happening was once in a Third Avenue Elevated, twice in the Subway and once in the hallway of a large office building downtown. The happening was that "the animal" after making such a nuisance of himself in various ways as to force the good refined woman you speak of to bestow on him a look of contempt, did upon her looking in his direction quickly pull aside the paper he had held in front of him, behind which there was a disgraceful exposure. In each of the four cases I mention the ladies in question beat a hasty retreat only too glad to escape from the vicinity of this "human hog". Had they done what they should have done under the circumstances these "human hogs," would not still be at liberty to continue to insult our womankind. If time and space allowed I could say still more regarding your statement "that no man except when in a state of intoxication, etc." "and if I were a judge, etc." I might say however in regard to the latter that I am glad you are not the judge who tries these cases in view of your statement, as I am very much afraid that your attitude would encourage "mashers". Just think over this article again and see if you really mean all that you have said in it.

IRVING D. STEINHARDT, M.D.
New York.

I have thought it over and am still of the same opinion. The cases that Dr. Steinhardt cites are irrevelant, because they are cases of sexual perversion, perversion well-known as exhibitionism. The pervert is in the same class with the drunkard; they belong to the lock-up or the asylum. Hitting them or making a fuss in general would not improve matters, as the punishment would have no effect on other drunkards or perverts, who are irresponsible for their acts.

I agree with Miss Smith, the well-known police matron, who says that no girl or woman is insulted (except by irresponsible drunkards) who does not wish to be insulted. And she makes the statement that our streets are as safe at midnight, as they are at noon, for women who walk their own way. Of course if painted and giggling girls—and of late they are so painted and dressed that it is really very difficult to distinguish between the respectable woman and the street-walker—will loiter on the White Way, they may expect to be accosted or to hear an unpleasant remark occasionally. But this is their own fault, and it is both silly and vulgar to make a fuss about it.

I have yet to come across a case where a *sober* man *pursued* an *unhesitatingly* unwilling woman with insulting remarks or offers. As to men in a state of intoxication, they should not be permitted on the streets on general principles. whether they insult women or not. They are a disgrace and a nuisance. I would pass an ordinance that every drunken man, whether from the highest or lowest strata of society, should be taken by the police to his home, if his address can be obtained; in the contrary case he should be locked up until the effects of his C_2H_5OH have become dissipated.

Dear Doctor:—I am decidedly gladsome that one Fair Unknown (C. and G. March) had the spunk to talk out loud in meetin' and thus to tell you of her likin' for your little Black and Gold magazine, for CRITIC AND GUIDE is to my mind one of the *bestest ever. Oh! yes!* I get to see a copy each time it is born anew and I like it more and more and more and more.

I am glad to see in print what the inhabitants of Mother Earth most need to peruse and yet not to *blush* at the Gospel.

I certainly enjoyed your little editorialette in March No. and I could not resist the temptation to send you this little note to tell you how much I do *enjoy* reading each new born copy thru, and *now and evermore* you have me as a devout reader of the Black and Gold.

Only going to add my title as

LITTLE BROWN SQUAW.
Morgantown, West Va.

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Copyright, 1911, by Dr. Wm. J. Robinson.

PRAISED BY SOME, BLAMED BY OTHERS, DISDAINING THE FOOLS, BRAVING THE WICKED, I HASTEN TO LAUGH AT EVERYTHING . . . . FOR FEAR OF BEING OBLIGED TO WEEP

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XIV NEW YORK, AUGUST, 1911. NO. 8

EDITORIALS AND EDITORIALETTES

"THE PREVENTION OF SEXUAL DISEASES."

"This is one of the latest of the many recent publications imparting information as to the evil results of sexual diseases. It is presumably intended for lay readers. (1) The diseases treated of and their dread results are fully and plainly described, with the various methods of propagation. The author believes in educating the public in these matters. We agree with him. Ignorance is the reverse of bliss when applied to these diseases.

"As to prevention, he believes in regulating prostitution, segregating the prostitutes and periodically inspecting them, sending the diseased to hospitals. He also believes in giving to men instruction as to means of prevention; in short, in encouraging young men to frequent houses of prostitution by rendering illicit intercourse as free from danger as possible. We prefer to educate the young and let them bear the consequences of their violation of the moral and statute law, if they still persist in running into danger. (2)

"The physician who writes the Introduction says; "We know absolute continence is neither feasible nor, from a hygienic point of view, desirable," and he ridicules the prevailing idea that sexual indulgence in the unmarried is wrong. In another

THE PREVENTION OF SEXUAL DISEASES. By Victor G. Vecki, M.D., with introduction by W. J. Robinson, M.D., THE CRITIC AND GUIDE Co., 12 Mt. Morris Park, N. Y.

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place he has said, in bold capitals, that he "would not put an end to prostitution if he could." (3) We suggest if another edition be called for, that the author of this book select a man to write the introduction whose views are in accord with American rather than Parisian ideas. (4)

"Dr. Vecki says that the International Congress for the Prevention of Venereal Diseases, the American Society of Sanitary and Moral Prophylaxis, and a number of State Medical Societies have "passed resolutions declaring *absolute sexual continence to be not injurious.*" (5) We may add the emphatic opinion of England's renowned neurologist, Sir Wm. Gowers, who says: "With all the force that any knowledge I possess can give, and with any authority I may have, I assert, as the result of long observation, and consideration of facts of every kind—that no man was ever yet in the slightest degree or way the better for incontinence; and I am sure further, that no man was ever yet anything *but* the better for perfect continence." Forty years of general practice leads us to prefer the opinion of Gowers to that of Robinson, a specialist in sexual diseases and hence familiar with moral and physical degenerates. (6)

The above review appeared in the *West Virginia Medical Journal,* for March, 1911. It is from the pen of its editor. We like such reviews. While the reviewer is, according to our opinion, benighted and in need of further information, still he is evidently sincere, and he is not abusive. In which points he differs decidedly from another Southern editor, Dr. Ely of *Colorado Medicine* (to whom we referred in the January issue).

The reviewer, Dr. Jepson, will permit us to make a few remarks.

1. How the reviewer made out that Dr. Vecki's book was intended for lay readers, we fail to understand. While the book can be read with profit and interest by the layman, it was decidedly intended for the medical profession. And it is sad to relate that a good part of the medical profession is just as much in need of instruction in sexual matters as is the layman. Our college curricula are woefully inadequate on this point. We have had hundreds of good able practitioners tell us and write to us that on questions of sex they knew practically nothing—and after some conversation or correspondence we could well believe them.

2. This point we have answered before. Anybody who would still insist that young men who occasionally satisfy their perfectly natural instinct deserve to get gonorrhea or syphilis, does not belong to this century. He belongs to the tenth or twelfth century. And supposing the young man deserves to be punished for his crime, how about his future wife and children, and those who get the disease innocently from a cup, towel or other utensils? Should we not for the sake of the innocent victims try to protect the "guilty" ones?

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3. Here the reviewer has permitted himself some poetic license, as what we said was that *under our present social conditions,* we would not abolish prostitution if we could. Now, that makes quite a difference. We have stated a number of times that under ideal economic conditions prostitution would cease to exist; it is under our *present* social and economic conditions that prostitution is a necessity; and if an evil it is a lesser evil than its abolition would be. But that is different from stating without any qualification that we would not put an end to prostitution if we could. Dr. Jepson, you owe us an apology.

4. With all due respect to Dr. Jepson, this remark is somewhat silly. What difference does it make whether our ideas are American, Parisian, German, Scandinavian or Italian? The point is: are our ideas true or are they false? Only from this point of view should these questions be discussed or combated. Or is Dr. Jepson so chauvinistic or Jingoistic that he believes that every American idea must *ipso facto* be correct, and every Parisian idea false? Would Dr. Jepson be surprised if I told him that all the great ideas, the great thought-movements, were originating in France, in Germany, yes, even in little Scandinavia, and not in America, not even in West Virginia?

5. Here the reviewer gives the wrong impression that Dr. Vecki agrees with those resolutions. He should have quoted further, showing that Dr. Vecki did not believe that those resolutions were of any significance or value.

6. If the reviewer were a keen logician, he would have noticed that by this last sentence he weakened his entire case. Yes, *we plead guilty* to being "a specialist in sexual diseases and hence familiar with moral and physical degenerates." But doesn't that very fact give us a better right to judge of the injuriousness of continence, than can be had by a physician, whose practice does not run in these lines? If we see many moral and physical degenerates and know that their moral and physical degeneracy was caused by their absolute abstinence, have we not the right—and the duty—to condemn the latter? Assuming that Dr. Gowers—and Dr. Jepson—did not see any injurious results from continence, what does it prove? Nothing. Either the doctors were not of a character to awaken the full confidence of the patients, or in their practices they did not meet such patients. And does not Dr. Jepson know that one *positive* is of more importance than one hundred negatives? Does not Dr. Jepson know that we have millions of patients who have perfect confidence in their familiar physicians and consult them in all their ailments—except in venereal and sexual troubles? First, because they are ashamed; second, because they are afraid; and third,—if the truth must be told—because the average family physician knows mighty little about venereal and sexual diseases. And the patient knows it.

Hence it happens, that the man who makes a specialty of

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venereal and sexual diseases, who treats these diseases with the same nonchalance that he would bronchitis or dyspepsia, and to whom the patient knows he can talk with perfect frankness, without being reprimanded for wickedness or immorality, learns more about the sexual nature of man and woman in five years than the general practitioner or the specialist in other than sexual diseases can learn in forty or fifty years.

And hence it happens that Dr. Robinson believes that his opinion in sexual matters is entitled to more weight than that of Dr. Gowers or even that of his friend, Dr. Jepson.

THE LATEST ATTACK ON THE EDITOR.

We have cause to be proud of the enemies we are making. A virulent attack on the editor, because in his paper Scientific Medicine versus Quackery he dared to say some truths about the quacks, has appeared recently in the Los Angeles Times, (for May 7th). We are glad of it. When we are attacked by such a virulent mendacious sheet as the Los Angeles Times, which is edited by the most vicious enemy of labor and of progress, then we know that we must be doing good work.

THE MARVELOUS ADVANCES OF PHARMACY IN THIS COUNTRY.

The lowest depths of degradation of pharmacy have been reached: Riker's drug stores advertise specials in *hair goods*—puffs, switches, rats, curls, chignons, etc. "If you want anything in hair goods—see us". Children's haircutting also a specialty.

Oh, ye shades of Procter, Maisch, Hoffmann Squibb, Rice and Hallberg, what feel you when from your heavenly seats you look down and note the marvelous "development" of pharmacy in the United States?

DR. A. JACOBI.

That we feel happy over the elevation of Dr. Jacobi to the presidency of the American Medical Association goes without saying. Nor is it necessary to say—what will probably be said of many other journals—that the Association has honored itself by electing the Nestor of American Medicine to its highest office. But it is well to remark that the election of Dr. Jacobi is a distinct sign of progress, and as such it will be hailed by all liberal, advanced physicians, and even by advanced thinkers outside of the medical profession.

The Chair of the Presidency of the American Medical Association has perhaps been occupied in the past by physicians as great as Dr. Jacobi. But I venture to assert that at no time during the sixty odd years of the existence of the Association has the incumbent of the presidential chair been a man of such broad progressive ideas, of such noble ideals, of such militant outspokenness in the cause of liberty, of such deep humanitarian principles.

All of which is very pleasing to a progressive humanitarian. *Gaudeamus igitur.*

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PRESIDENT MURPHY'S ADDRESS.

The Journal of the American Medical Association for July 1st arrived just as we were leaving for the steamer. And we have had the pleasure of reading Dr. Murphy's address, while seated comfortably in our steamer chair, with the cloudless azure above and the waveless blue below. It is certainly a very meaty address, and some of the suggestions it contains are certainly remarkable. Whether or no one agrees with all of Dr. Murphy's suggestions, one must admit, that his address is not a tissue of platitudinous circumlocution, but contains food for thought. His suggestions for increase in membership, for lay lectures and clinical exercises during the annual meeting, for the instruction of the laity in hygienic matters, and for a lay health journal, are excellent and meet with our heartiest approval. We might say, perhaps with some pardonable pride, that the last two measures we have been advocating for years. His remarks on medical education are also excellent, and very timely just now. His suggestion that physicians should be required, at the expiration of five or ten years after their graduation, to pass another examination and, in case of failure, to take another prescribed course of study, is certainly revolutionary, and an attempt to put it into practice would certainly meet with practically unanimous opposition from the medical profession; but that it would raise the general level of the profession, there can be no question. Too many physicians throw away their books right after graduation and never look at a medical journal afterward. Such physicians can not do justice to their patients. A physician knowing that in five or ten years after his graduation he would have to pass another examination, and, that in case of failure, he would run the risk of having his license taken away—think of the financial loss and the terrible humiliation!—would keep right up with his studies, and at the end of that period he would really know something.

With Dr. Murphy's suggestion for a little "practical" monthly for the general practitioner we do not agree. There are plenty of such journals and the field is well covered. It would have the appearance as if our Association was determined to enter into competition with every journal in the land, and that would certainly look bad and would create bad blood—unnecessarily. This is the only suggestion of Dr. Murphy's with which we do not agree. All the others, as stated before, have our hearty approval.

Dr. Murphy may justly be proud of his presidential address.

On board S.S. Prinzess Irene.

SYPHILITIC PARENTS AND THEIR OFFSPRING.

Syphilitic parents should, as Fournier teaches us, be instructed in four things regarding their future offspring. First

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and most important, not to have any offspring at all. Second, if they do have any children, to watch over their health from the very day of their birth. Third, to institute vigorous treatment at the very first appearance of any sign of syphilis. And fourth, to keep up treatment in the same energetic manner and for as long a time as in cases of acquired syphilis.

"THE MALE PROSTITUTE."

I shall soon object very strenuously to the loose way in which the words "male prostitute" are being used by thoughtless men or hysterical women. To designate a man who indulges occasionally in extra-marital intercourse as a "male prostitute" is prostituting the English language. The Standard Dictionary defines prostitute as "a woman who practices indiscriminate lewdness for hire." The dictionary does not even recognize the existence of male prostitutes. We know that they exist; there are men who sell themselves to any woman who will pay the price. There are quite a few of these despicable specimens in Paris; there are some in New York. *They* are real prostitutes, on exactly the same level as the women prostitutes, for they "practice indiscriminate lewdness for hire," and of course to them the epithet is justly applicable. But to bestow this opprobious name upon respectable, temperate unmarried men who visit prostitutes occasionally, is as unfair and disingenuous as it is etymologically wrong. The element of indiscriminate hire for money is a *sine qua non*.

Ladies and gentlemen, not too much zeal! You are injuring your own cause, and I shall pray your unwise and overzealous propaganda may not recoil on your own heads.

STILL ANOTHER THEORY OF THE DETERMINATION OF SEX.

At a recent session of the Academy of Sciences of Paris one Dr. R. Robinson read a paper on that ever interesting subject: the determination of sex. In his opinion, the adrenals play the star rôle. Has he any basis for this assertion? Oh, yes. Fifteen women presented distinct evidence of insufficiency of the adrenal glands and those fifteen women gave birth to fifteen children, all females. According to Dr. R. Robinson, sex is determined not by the more vigorous, but by the less vigorous parent. If we want those women to have boys instead of girls, all we have to do is to give them adrenal glands or their active principle.

And so we have another theory.

Does anybody know of a woman suffering with Addison's disease, who has given birth to boys? Or of a man suffering with Addison's disease whose wife gave birth to girls?

Everywhere we begin to hear the same cry: Stop the breeding of defectives!

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The Banquet Table

Some congenial physicians, tired of the deadening drudgery of a physician's life, decided to meet at more or less regular intervals, to dine together, to exchange impressions, in short, to have a jolly restful time. It was suggested that each of the members of this informal club prepare for each meeting a brief article—even of only a few lines— for the amusement of his fellow members. The article should preferably be a mild satire, or a comment, on some of the evils of our profession, or on the foibles of our leaders. Some members objected on the score that they could not write. They were told that an interesting or amusing clipping would do. It was decided to print the member's contributions in the CRITIC AND GUIDE, and we are glad that our readers will be able to participate one a month in this feast of wit and good humor.

A Really Unique Paper Read Before a Medical Society.

Were Diogenes alive to-day and still engaged in his quest for an honest man we could lead him directly to such a phenomenon. And we are glad to state that this remarkable personage is an eminent member of our noble profession. He is L. Coyteux Prévost, gynecologist to St. Luke's Hosital, Ottawa, Canada.

Upon what do we base our laudatory opinion? Upon one of the most remarkable literary documents—the work of Dr. Prévost— that it has ever been our pleasure to examine. This document is nothing less than a paper read not very long ago before the Ottawa Medical Society, bearing the extraordinary title: "Among the Tombs."

In this striking contribution Dr. Prévost asks his audience to imagine a cemetery, peopled by those who have succumbed after operations performed by himself. Thru this cemetery he conducts his hearers, stopping here at a grave, there at a tomb, the histories of the cases being recounted as the party advances.

The doctor ironically prefaces his paper with the following remarks: "The first thought that struck me (upon receiving from the President of the Society the invitation to read a paper) was to report the brilliant cures which I have effected by the skilful treatment exhibited in the course of my practice, the marvellous results attained by the means of my incomparable therapeutics; finally, to establish my indisputable superiority by the display of dazzling statistics. But, such a subject would be most desperately commonplace; those things we read of everywhere in medical reviews when not in daily newspapers, and, what profit would my hearers derive from the irksome enumeration of my personal achievements? I hold that you will find it far more interesting to hear of my disasters. One requires quite a large amount of courage, I know, thus to dare make a public confession of his own sins, but, my friends, we are here all members of the same family, and your discretion I trust as well as your indulgence. It is therefore without the least apprehension that I invite you to accompany me in the kingdom of the dead where, forever, rest some of those who, having chosen to confide their health and their existence into my hands, have nevertheless succumbed, victims of surgery or of the surgeon."

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Then the doctor proceeds. "Here, going in to the left, lies the body of a poor woman, 38 years of age, who died a few days after a simple myomectomy . . . . The two tombs which you see here, revive in my memory very mortifying souvenirs! . . . . Last year, I anchored a right floating kidney on a woman aged 40; she rests in peace next to the one whose history I have just related . . . . Here lie the victims of vaginal and abdominal hysterectomies; eleven tombstones! . . . . Do you see this hillock still preserving the withered vestiges of the flowers piously laid by the hand of a poor father? It covers the body of a young girl, operated for a fibroid of the uterus . . . . Here I present you a group of three women operated for hysterectomy and who, all three, chose the same door to depart from this vale of tears . . . . In this corner you see four tombstones, bearing a similar inscription—Vaginal Hysterectomy . . . . Let us stop a moment on the edge of this solitary grave, shyly dissembled in the shade as if it feared to revive by its aspect the humiliation which the wretch who dug it must have experienced . . . . Now, gentlemen, let us take this by-walk to the right and respectfully incline in passing before the tomb of these two poor women, killed by the so-called radical cure for ventral hernia. . . . . But what is the meaning of this multitude of crosses? These rows of coffins and tombstones! Are we in the catacombs or in some Egyptian necropolis? Or are we, rather, already transported to the valley of Jehosaphat where we are promised that the Sovereign Judge shall come to unmask at last in appalling trumpet-tones human hypocrisy? No, it is the vault where lie in their everlasting rest the unfortunate individuals who, afflicted with appendicitis or intestinal obstruction, and in spite of or perhaps on account of surgical intervention, have passed away from the operating table to the grave. Thirteen intestinal obstructions; ten cases of appendicitis; twenty victims! . . . . Here, my friends, we are among old acquaintances; this is the part of the vault allotted to those who died after appendectomy. . . . . I have kept for the last, gentlemen, the history of this little child's tomb, still humid with the tears of the poor mother. . . . Gentlemen, I will end here this mournful excursion which you have had the kindness to join. It is with a true feeling of relief that I quit this sorrowful abode where are buried with my poor dead ones the painful impressions I so frequently experienced, the anguish which tortured my soul when, listening to the voice of my conscience after the loss of a patient I felt myself impelled to face the problem of my direct responsibility in the occurrence of the disaster. In the hope of interesting you, I made a sincere confession of the misfortunes that befell me, and, seeking in nowise whatever to escape the punishment incurred by my culpability, without uttering the least murmur, nor even claiming the benefit of extenuating circumstances, I

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personally condemn myself—to be stoned! Still, repentant, humiliated, the instinct of preservation, and the hope of escaping the fate which threatens me, induce me to entrust my safety in the following humble prayer: Let the surgeon cast the first stone who does not carry around with him a little cemetery in some corner of his memory."

Everydoctor.

In the old morality play of "Everyman" the experiences of human life are symbolically depicted with a most impressive effect. Recently a play has appeared on the metropolitan boards under the caption "Everywoman." It also professes to be a morality play. Now we think some medical man with literary inclinations might with some intellectual profit to himself and his fellow doctors write a morality play to be called "Everydoctor." We venture to synopsize what we fancy might be the chief features of such a production.

a. Everydoctor receives a "call" to study medicine.

b. Everydoctor matriculates at a proprietary school.

c. Everydoctor receives his first "part" in the anatomical department on a cold winter's morning and for the first time feels "the dull, cold ear of death."

d. Everydoctor enters a twenty by forty room with a sink in it, some Bunsen burners on a long table, and a hundred reagent bottles. This (by courtesy) is the chemical laboratory. He is given a test tube. He learns to detect the presence of albumin and sugar in urine.

e. Everydoctor enters another twenty by forty room in which are a number of microscopes. This is the department of histology, pathology, bacteriology and microscopy. Everydoctor is shown granular casts, sections of liver and carcinoma, and some blood cells. He learns to stain the tubercle bacillus.

f. Everydoctor enters another room in which a dog and a cat are confined in cages. This is the physiological laboratory. The animals are removed and anesthetized and the action of the heart demonstrated.

g. Everydoctor listens to a lecture on cholera by a gentleman who has never seen a case.

h. Everydoctor inspects a case of pulmonary tuberculosis and learns how to detect infallibly the signs of the third stage.

i. Everydoctor attends an accouchement in the maternity, caresses the fundus, and forthwith becomes a full-fledged obstetrician.

j. Everydoctor sews up a scalpwound in the out-patient department of the hospital, disclosing a remarkable aptitude for surgery.

k. Everydoctor attends a lecture on materia medica and is handed an article alleged to be aconite root. He listens to a long discourse in the course of which allusion is made to

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Bink's hypophosphites. The lecturer alludes to this remarkable tissue builder "kind of careless like."

l. Everydoctor attends a clinic at which is exhibited a patient suffering from cyanosis, dyspnea and anasarca. He listens to the patient's heart and learns to diagnose murmurs and to recognize the evidences of failing compensation. He copies a prescription calling for digitalis.

m. Everydoctor attends a gynecological clinic and is shown an eroded cervix. He is instructed in the technique of making an application of iodine and phenol.

n. Everydoctor attends the pharmacology class. This course is given in a basement room containing a table, a sink, three graduates, a couple of glass rods and about a hundred bottles containing drugs. In a glass case are some botanical specimens. Everydoctor makes two tinctures and triturates some calomel in a mortar.

o. Everydoctor completes the course and passes the following examination:

Medicine.—Name two contagious diseases.
Surgery.—Define appendicitis.
Obstetrics.—Mention two symptoms of pregnancy.
Materia Medica.—What is laudanum?
Gynecology.—For what purpose is vaselin used in gynecology?
Nervous Diseases.—Give the differential diagnosis between epilepsy and locomotor ataxia.
Genito-Urinary Diseases.—Do you consider clap a rare disease?
Dermatology.—Where do the Giants play next week?
Proctology.—What is the strongest muscle in the body?
Ophthalmology.—Write a prescription containing boric acid and camphor water.
Pediatrics.—Differentiate between measles and adenoids.
Chemistry.—Name four elements.
Pathology.—Name two types of tumors.
Anatomy.—Name two of the long bones.
Physiology.—What is the normal rate of the pulse?

p. Everydoctor attends commencement and listens to an address by Dr. Parkhurst. The Hippocratic oath is administered to him (fingers crossed) and he receives a diploma. The boys then adjourn to Maxim's.

q. Everydoctor hangs out his shingle and begins to learn the words of the song: "Waiting at the Desk."

r. He is consulted by his first patient, who hangs him up.

s. He is consulted by a relative, who wants a dandruff cure.

t. (Ten years elapse) Everydoctor has become a drudge;

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he distributes his best patients among the specialists; he marries for love; he settles the question of proprietary prescribing according to his conscience and his lights; he tries to assimilate advancing knowledge; he observes ethical requirements so far as in him lies; he is rather neglectful about reporting births; with more or less success he interests himself in the larger aspects of medicine; he is a good citizen; he has acquired some degree of wisdom and a high degree of good judgment; he has developed plenty of horse sense; he is more humanized than most of his fellow men; his tastes are refined and his recreations dignified and wholesome; his family life is admirable; he is an excellent parent and a broad-minded husband, believing in the equality of the sexes in every respect; he is not a churchman, but cherishes his intellectual freedom with the utmost tenacity; he is fairly prosperous; altho a drudge, his compensations are such that he is happy; he takes a very high view of his profession; he has character; he is an able practitioner, with no foolish notions regarding his powers and his limitations; the sick are safe in his care and he is the most useful of public servants; he has undergone an evolution since leaving the old college that makes him the equal of anybody and the superior of the scientific prig who bases his judgments of men upon systems, machinery methods of man-making, and conventional cant, and whose evolution generally stops short very early in the game; he has fulfilled his destiny, which is more than can be said for most of his detractors; he may be short on science but he is long on manhood.

Is Sexual Continence Harmless or Injurious?

Is continence injurious? The question is asked perennially. Can it be answered?

Those who counsel continence have chiefly in mind matters of morality. We are concerned chiefly with the physical aspects of the subject.

We fear that the professional moralist's claim that continence is not injurious is a rather purblind and biased conclusion. One encounters, too, many extreme cases of transparent fanaticism on the part of the continence advocates.

The argument that man is so highly endowed sexually that the practice of continence can do little or no harm to the special apparatus concerned or to his nervous system is mainly an academic one. It is essentially theoretic and its sponsors are like all the rest of those who erect a theory and then, if the facts do not fit it, say "so much the worse for the facts." For so far as the facts are concerned upon which an opinion can be based, if not an answer, we have to say that they tend to prove continence injurious. We have personal knowledge of many facts which sustain this opinion, and we have no knowledge of any facts which controvert it. And we have our own opinion of the writers who smugly and hypocritically cater to the false moral

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standards of the day in dogmatically affirming the innocuousness of continence.

We have noted that continence has a decided tendency to occasion relative impotence. When after long periods of continence intercourse is attempted premature ejaculation is apt to occur and certain other evidences of sexual debility present themselves. We presume that it is the long continued congestion of the ejaculatory apparatus naturally consequent upon continence which accounts for these results. Their obstinacy after once having been set up is familiar to every practitioner, and as causes of marital infelicity and blasted manhood hardly anything can be cited as more pernicious.

It is easy to understand how the practice of continence for many years may produce practically total impotence. The Eastern mystics who attain Nirvana also attain impotence and their sexual "morality" is consequently a worthless, meaningless thing. The morality of some of our Western "mystics" is equally worthless, because of similar emasculation. Of what account is a recent manifesto to the effect that continence is not injurious most of the signers of which are over fifty years of age?

There is a grimly humorous side to the pronouncements of most of our eminent moralists. They are apt to be pretty well along in years. Those who are not themselves the victims of false standards are usually men who in their earlier days exhausted the sexual gamut and yet solemnly adjure others to abstain. They remind one of Mahomet and Tolstoy. For his followers the former prescribed 3 or 4 wives; unto himself he took a multiplicity of marital coadjutors. Tolstoy taught that *all* sex relations were immoral and to be abjured. In his younger days he set no limit to his debauchery. So it goes. And then: "All vigorous men are not virtuous, *nor all virtuous men vigorous.*"

Who comprise the continent? This is easier to answer, in an earnest and wholesome spirit, than the question which we have already considered. The continent are easily spiritually superexalted (a distinct aberration, from the psychiatric standpoint) and the mentally oblique. Among the latter would be those esthetically overtrained people to whom the sexual act is all uncleanness anyway. Such people are not very human, to say the least, and the principles by which they live (?) cannot apply in any degree to humanity in general.

One can hardly conceive of a fragile, highly intellectual being like Emerson engaged in the act of reproduction. It is ridiculous to expect mankind to govern themselves by his finely spun moralities. The Emersons are perhaps indispensable aristocrats whom democracy should respect and admire but not be *misled by*. The leopard cannot change his spots, nor the Ethiopian his skin. You cannot make aristocrats of Philistines, nor should anyone wish to do so. To make a pretense of doing so is a wholly immoral performance.

Some day our perverted conceptions of morality and im-

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morality will be sanely recast. Then our moralists will be compelled to abandon their necromancies and apply their talents to the needs of men who cannot be postulated as potential demigods. Their premises are absurd in any case, for the gods themselves have never been distinguished for moral purity.

One Radical Reviewer.

At least ninety per cent. of the reviews of Dr. Vecki's book have been favorable; some of them extremely so. But many of even the most favorable ones found it necessary to apologize somewhat for the author's radical views, and particularly for the views expressed in the introduction, which was written by your humble editor. Only one review appeared in the Lancet-Clinic—which contains no apologies. It is from the pen of Dr. Ralph Reed, a man who evidently does his own thinking. As the review contains several important points, we take the liberty of reproducing it here. Let us be glad that the United States contains at least one radical reviewer—besides ourselves.

THE PREVENTION OF SEXUAL DISEASES.

BY VICTOR G. VECKI, M.D.,

with introduction by William J. Robinson.

This is the first book known to the reviewer ever published in America that speaks simply, plainly and straightforwardly on this important yet generally tabooed subject. We have long hoped that some one would acquire the necessary courage to rise up and speak out in meeting on the subject of venereal disease. A spade may indeed be classified with the horticultural implements, but if we wish to discuss spades themselves we must more sharply define them. The failure to do this has been the chief deficiency of former works on venereal disease and prostitution. Even in those voluminous monographs on the treatment of venereal disease the authors have but little more to suggest by way of prevention than the usual moral appeal, which appeal after all only reaches and impresses those who do not need it. But even with those who do, it has from time prehistoric been shown to be insufficient.

The author makes the usual excuse for an interest in the prophylaxis of venereal disease, which excuse is, of course, the frequent infection of the innocent. Perhaps some day a work on the prophylaxis of venereal disease will be published in which the author will advance as the surprising reason for his interest in the subject the fact that the victims of venereal disease are (with the exception perhaps of the apes of Metchnikoff and Roux) actually human beings.

Imagine if we can a physician apologizing for the presentation of a consideration of the prophylaxis of tuberculosis on the ground that, while there are many wicked people who thru various immoral excesses lay a constitutional groundwork for the development of tuberculosis, yet we should not for that reason neglect the disease since some good people may contract it from the wicked. In such an utterance the normal snobbery would easily be detected. Suppose that Johnny Jones in climbing a neighbor's apple tree misses his hold and suffers an interesting fracture. Is it to the point for the surgeon in reporting the treatment to excuse himself for taking the case and interject a sermon on the immorality of stealing apples? Now it may be conceded that the problem of the prophylaxis of venereal disease in its ultimate analysis resolves itself largely into the problem of stolen fruit, but it is just that part of the problem with which religion or ethics and not medicine must deal. In so far as we are moralists we may preach moral prophylaxis, but in so far as

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we are scientists and physicians we must be interested in the treatment and prophylaxis of venereal disease in the same way that we are interested in the treatment and prophylaxis of any disease, because humanity is our field, and the victims of these diseases are human beings and our brothers in sickness, and perhaps more often than we are willing to admit, in sin. Only by ridding ourselves of the moral pose can we approach the true moral and professional ideal. Whether or not Jesus really did heal a man blind from birth we may leave to the higher critics, but if he did, it is safe to assume that he did not excuse his action, on the ground that the victim's blindness was the result of no fault of his own but was (as the case may have been) a gonorrheal ophthalmia acquired innocently from his mother.

Vecki rightly appreciates that prostitution constitutes the great center for the spread of venereal disease. He therefore advocates its regulation and control. Measles is a reportable disease but, he asks, is it more important to be protected against measles than against syphilis? He well recognizes the difficulties in the way of such regulation, but is not half a loaf better than no bread at all? He reviews the arguments usually cited in objection to regulation and points out their fallacies. A chapter is devoted to advocating the sexual education of the young. There seems to be almost a universal agreement among physicians upon this point. With respect to individual prophylaxis, he says that absolute sexual continence is the best preventative, but further remarks that its harmfulness or harmlessness is still an undecided question, since "most physicians have had very little experience in the matter." The technique of local antiseptic prophylaxis is described and the method advocated, but the author warns against the dissemination of too great a confidence in these manipulations. There have been a number of reports of the failure of the Metchnikoff ointment to accomplish the results claimed for it. When one reviews the various antiseptic ceremonies necessary to put into practice before and after intercourse in order to prevent infection, one is moved to exclaim "verily the way of the transgressor is hard."

Dr. Robinson, of THE CRITIC AND GUIDE, has written in his vigorous and inimitable style the introduction to the book. He makes the startling statement that absolute continence is neither feasible nor, from a hygienic point of view, desirable.

Dr. Barker's Large Bill.

Considerable comment was made last month by the lay press on Dr. Barker's $11,500 bill for something like two weeks attendance on the late Thomas F. Walsh, of Washington and Colorado. When a good physician earns a large fee it apparently puts everybody agape. It is a commonplace for a lawyer to receive $500 for an hour's appearance in court, not to speak of the huge fees which counsellors receive for other services. We should like to know why multi-millionaires should not be taken at their own valuation. When they are sick their lives become very precious to themselves, if not to relatives who, like ghouls, await old moneybag's death. They demand the most exacting service and "money is of no account." The physician who skilfully ministers to this class, sacrificing time and other patients, as well as obligations having to do with teaching, hospital work involving the care of hundreds, and scientific research and presentation, should demand and receive a heavy compensation.

Why, the discomfiture of the waiting ghouls alone should make the physician's services priceless!

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For THE CRITIC AND GUIDE.

Milk and Babies.

BY A. JACOBI, M.D., L.L.D., NEW YORK.

Babies do not complain as much as we do, but they suffer as much. That is why you and we, and all of us, are so anxious to serve them,—some, by taking legitimate care of them; some, by writing more or less legitimate papers and books about them; some by buying candies for them; some—and that is much worse—by building large factories for them and getting rich out of proprietary medicines and foods; some—and that is found pardonable by the sympathizing public—by lecturing upon them.

Personally, I have been honored by your committee with the permission of telling you a little about the disease-breeding influence on babies of diseased, or spoiled, or otherwise improper milk. They gave me for that just twenty minutes, or less. I want my pound of flesh, I want my full twenty minutes.

But possibly I shall not repeat, for lack of time, what you all know. Slightly or thoroly sour milk, milk filled with cow-dung, with railroad soot, with soft chimney coal, with street dust, with the mixed odors of a refrigerator, with the germs of typhoid fever, scarlatina, whooping cough, tuberculosis, diphtheria, and cholera, and with other deleterious influences—not to speak of the doubtfully clean hands of stable boys, milkers and drivers,—such varieties of milk have been and will be presented to you in all their nastiness and murderousness. You have also been told, from this platform and from newspapers and magazines, about the methods of avoiding such dangerous contaminations.

Let me therefore speak of serious dangers connected with the use of your *good,* and inspected, and certified milk—not to frighten, but to warn and instruct you.

Milk means, in our latitude, cow's milk. Cows are not driven about our streets, like the goats of Naples, for immediate delivery of their product. What we call milk is collected within a radius of four hundred miles, and takes from half to two days before our babies obtain it. The possibilities of its deterioration are immense, and require for their prevention all the resources of science and the watchfulness of health departments, and the rigors of the law. It has taken all the self-sufficiency and the superciliousness of certain modern teachers whose knowledge of human beings is amassed not in a hospital, not in a family

Delivered before the Milk Congress and Exhibit, Philadelphia 22, 1911.

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nursery, not on a playground, but in a dingy laboratory, to teach our easily convinced mothers that their bridge parties need not be abridged, since modern science is libeled for them, as having found that babies may just as successfully be nursed by chemistry as by breast-milk. Let me, however, emphasize my creed which is that the baby should be nursed by its mother or by a human substitute. That is, if only insisted upon, possible in eighty to ninety per cent of the cases. In the rest, cow's milk should be substituted in some modified form. It must not be in such condition as to cause disease. It may do so, however, tho it be normal. It may be normal and not be healthy. Its physical and chemical nature is different from that of human milk. That is why some French attempts at feeding the newborn and the infant on unmixed raw milk have proved disastrous. Now the difference between cows' and human milks is, amongst other things, exemplified by their fats. Human milk fat contains more olein, and three of four times more small microscopical globules than cow's milk. There is nothing that demonstrates better the lack of identity between the two foods. Now, no part of any milk is more liable to deteriorate than fat which forms fatty acids. Chemical changes, by souring,—that means the formation of lactic acid out of the milk sugar,—are common and rapid. In the bowels, some putrefaction is a frequent occurrence, even when the mucous membranes are healthy and covered with a fine layer of bile. In the very mildest condition of catarrh, however, of the upper portion of the small intestine, as absorption is hindered by it, putrefaction is the rule. *Now* our claims in regard to good milk are, in part unnatural and incorrect. We have not been satisfied with obtaining a germ-free and clean milk; we want it abnormally fat. As regards the feeding of a baby, that practice is faulty. Indeed, we are even told that the calves of Jersey cows thrive better on the milk of common cows than on that of their own mothers. Even young pigs are known to thrive better on milk poor in fat. Experience in the human young teaches the same lesson. It is not the richness of a food that makes it useful, but its digestibility and absorbability. That is why the top milk feeding, eulogized by well meaning and short-sighted teachers, is a dangerous doctrine, and injurious to the life and health of the baby. For the top milk contains an excess of fat—that means cream which rises on standing. Chronic irritation of the intestine is created thereby, and aggravated into an acute inflammation, with diarrhea, foul odors, acrid discharges, and sore anus, and the presence of putrid exhalations and chemicals in the gases expelled and in the urine eliminated from the kidneys. Emaciation, atrophy, a senile face, and inelasticity of the skin so that it can be raised in folds, are the results. The worst cases of the kind are not seen solely amongst the poor. On the contrary, many occur among the well-to-do, that is, those who can afford the expensive

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luxury of killing their offspring with high-priced food. In a large professional meeting, I related the case met in a medical family, which bears repeating in an assembly like this, in which common sense and an intelligent appreciation of appreciable facts are the main assets. In the neighborhood of my own city there was a medical man who possessed a year old baby. He is an operative surgeon—I mean the father;—he is in the laudable habit of opening other folks' abdomens and looking in; I suppose, or he supposes, he knows therefore all about infants' digestive apparatus. The Doctor was brought up on the doctrine of infant fat feeding, and took it without thinking, as some people take their religion,—a matter of faith. That is why he, a man of means, buys for his baby certified milk, with five per cent fat, four bottles daily, and gives him the upper fourth part of the four bottles. When the baby was finally seen, he was shrivelled up, the stools were stenches, the urine ammoniacal, the eyes retracted into the orbits, and big and pitifully pleading for delivery from his father. That was accomplished; he was permitted to starve for a few days on barley water, and escaped imminent death.

Sad dangers like that may even occur when in exceptional cases a mother's milk is too fat. Then even mother's milk may become unwholesome and fatal, as I have seen in several instances. I am in possession of the letter of a famous obstetrician written to a young woman whom he had assisted at the birth of her first boy. The boy had an offensive diarrhea, indican and ammonia in his urine, and was emaciated. In her anxiety, and being certain that her obstetrician must know most about her boy, whom he knew before his own mother had laid eyes on him, she applied to him and requested the examination of her milk. On the strength of the laboratory report, which exhibited seven per cent. of cream, he wrote that not only was her milk good but that it was much richer and more conducive to babies' health than other women's breastmilk, and added his congratulations. She was consoled for a day or two, but her boy was not. His riches disagreed with him more and more, until he recovered upon temporary starvation and barley water.

Probably it occurs to you, or you are acquainted with the fact, that in some countries, as a rule, and in ours, as an emergency, asses' milk, and in Holland, butter-milk, is extensively used as a baby food. Both contain a low percentage of cream, —from ½ to 1 and 2 per cent. Common sense would conclude that a good cow's milk has enough cream for the purposes of infant feeding, or even too much of it. One of the formulae of the Nathan Straus milk stations contains 2.19 per cent of cream; it is given to babies of from four to eight months of age. One of the Chicago formulae has only 1.5 per cent. of cream, and the babies thrive. Since the fearfully hot and murderous summer of 1854, I have learned to fight shy of milk

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which contains a high percentage of cream. In a rather extensive practice amongst the very poor, the poor, the well-to-do, and the rich, I have fed babies on 2 or 2½ per cent of cream in their milk mixture, and lost no babies unless they died of their congested and overheated domiciles of fat diarrhea or summer cholera. It was rarely necessary, when their weights came to a stand still, to slightly increase the cream of the food. Thus it is my appreciation of the fact that the cream of mother's milk and the cream of cow's milk are different substances, has made itself plain. If I can impress on you the fact that the gospel of top milk feeding is a heresy and costs baby lives, and that by not heeding the fact that even normal cow's milk may have its dangers when not employed with circumspect brains, you may destroy the life of your baby or jeopardize its future, I think I am well paid for my trip, and thank you for the opportunity of appearing before you.

There may be few here who do not believe that if we were quite sure of the absolutely pure condition of the milk we purchase, raw milk should be preferred. There was a time when I thought so myself, of such milk, which in New York we call certified, less than 10,000 quarts come into New York daily, compared with the almost two million quarts of milk we consume. All of these have become better from year to year, we have reason to believe, but tho aëration bacteria, the so-called hay bacillus and their spores which are destroyed with difficulty, are not frequent, the bacilli of fermentation, typhoid, diphtheria, tuberculosis, and the germs of scarlet fever, measles, and whooping cough are frequent. A moderate degree of heat will destroy them. In the journal of Experimental Medicine, of 1899, Theobald Smith has demonstrated that tubercle germs die at a temperature of 140° F., many in five or ten minutes, all in fifteen or twenty minutes. You are tempted to conclude, therefore, that it is easy to keep milk germ-free. That may, however, be a mistake after all, for in the skin which covers the milk when it is heated they may live sixty minutes. That should be removed as soon as it begins to form. Moreover, bacilli of typhoid, cholera, and tuberculosis remained alive, tho they were boiled sixty minutes, when the milk was fat. Creamy New York Milk, also butter, preserve bacilli—again a reason why we New Yorkers should not be over-anxious for a high degree of fat in our milk. Nor you here, either.

From what I have said, you conclude that raw milk is always of a suspicious character, for the infection in thousands of sporadic cases, and hundreds of epidemics of diphtheria, typhoid, and scarlatina are established facts. Nor is that all. The literature of the last few years contains a number of papers on a peculiar condition of stools of milk-fed babies. The white curds with which you mothers and nurses are acquainted, consist in part, or altogether, of cream or cheese, or both. They came

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near raising in Germany what you might call cheesy murder. The principal casus belli were the hard marble or beanlike masses expelled from the anus of the little ones, with great difficulty and straining. Particularly the German literature teemed with these hard beans; less so ours here. From some part of Germany they gloried in observations of hard beans; from others, they fought for soft curds. But the fight was bitter. I was not in the fight. I was merely surprised, for I had not seen much of these things, and felt rather slighted by not being able to be a party. But, lo and behold! It was found that when milk was fed raw, there were the hard beans; when heated, there were the soft curds, or nothing abnormal at all. Poor I had always, these nearly sixty years, heated the milk for my babies, both poor and rich, and deprived myself of feeding my eyes on the hardships of bean-expelling babies, and my ears on their screaming spells.

A few weeks ago, Dr. Joseph Brenneman of Chicago published in the new Journal of Diseases of Children his experiments and experience with these beans. He finds that they appear when *raw milk* is fed, and not when the *milk is boiled.*

Therefore, feed no raw milk, not even the very best.

So you see that even pure milk, good milk, may come under the head of "bad milk," under certain circumstances—merely because *it is raw.* That is why it should be heated. But how?

Pasteurization, according to the teaching of Theobald Smith, should meet this difficulty, and make babies feel happy. But does it? The head of a large settlement in New York told me that her clients were too poor to buy even a simple pasteurizer, and too overworked, many too ignorant, to use one if they had one. Thus, domestic pasteurization is not so easy, after all. I have even found that otherwise intelligent women—and many both poor and well-to-do mothers, and many trained nurses happen to be intelligent, at least I have known such—make persistent mistakes in the accomplishment of what appears to be an easy matter. Sterilization, that is, cooking, is more readily performed, but it harbors also lurking danger. For the babies suffer from the pride of the mothers and nurses, who tell you vaingloriously: "Sterilizing, sure, doctor, forty minutes, sixty minutes. No work is too hard to me for my baby!" By that zealous over exertion you kill the milk, and give the baby infantile scurvy. It is quite characteristic that scurvy is found mostly in better-to-do families in which the mother has more time to kill the milk which finally may kill the baby.

So, raw milk, incompletely pasteurized milk, over-sterilized milk, may harbor lurking dangers in each of them. After all, you see it takes brains to bring up babies.

In my ignorance, I have escaped its dangers. I lived before the time of Pasteur. I knew no pasteurizing, no sterilizing, I knew cooking only. The latter is what I did, and I am so

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obstinately simple as to do it still. I bring the milk to near the boiling point; when the first bubbles rise, I remove it from the fire and cool it slowly. In this way it passes the Theobald Smith temperature twice, and disease germs are killed without harm to the milk. Then it should be kept in the refrigerator until it is wanted, and warmed and modified for each meal. What is to be done then, you either know or will be told by your Doctor who also knows—mostly. Your babies of 1911, the poorest included, enjoy many things my babies did not have. What is now recognized as a necessity, ice, was at my time a rare luxury. We are gradually approaching the period in which the rights of living persons, young and old, to live and to enjoy are becoming acknowledged. We do not *call* the thing socialism, we *act* it, or try to act it, as best we can, for religious or humanitarian reasons. Men and women and governments go hand in hand, for the betterment of all.

Cow's milk and human milk are not identical for other reasons. For instance, both contain milk sugar—the latter six or seven per cent., the first, only three or four. A milk mixture compounded for the purpose of feeding a baby should contain only fifty per cent of milk, and therefore only one and one half to two per cent. of milk sugar. That is why your printed percentage orders, handed over the counter by smiling clerks, taught by medical writers who are taught by other medical writers, tell you of the necessity of shoveling in certain quantities of milk sugar. The alkaline human milk sugar is in part absorbed directly; the cow's milk, which contains less alkali, and after travelling hundreds of miles is slightly and may be strongly acid, changes its milk sugar into lactic acid more rapidly. This acid is one of the causes of the curdling of cow's milk in the baby's stomach. The casein is deposited in a massive sediment. That must not happen; for the purposes of digestion a certain low amount of sugar is sufficient, and for the purposes of improving the taste and of avoiding constipation, *cane* sugar should be added, which is rapidly changed, not into acid, but into grape sugar, and absorbed.

The formation of lactic acid in the stomach, which is usually a slow process, is increased when the stomach is alkaline, instead of acid. You perceive that a free addition of bicarbonate of sodium, which is so often advised by your knowing friends, may prove dangerous, because it neutralizes the several acids of the stomach and promotes the new formation of milk acid out of milk sugar. The more there is milk acid, the greater is the tendency to hard, solid, soap formation. M. Klotz and Czerny leave no doubt about that, and Escherich, whose untimely death a few weeks ago we all deplore, has proven that peptones formed of milk are destroyed by acid. That is why he concluded that an excess of lactic acid should be avoided by substituting for milk sugar another carbohydrate, viz., amylaceous

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foods, or cane sugar. It appears that an old American doctor of my acquaintance, who practiced and taught that, these nearly sixty years, is coming into his own. For many years milk sugar has reigned supreme in the pediatric literature. The silence of death shrouded the advice of replacing it in part by cane sugar. Those, however, who follow the special journals dedicated to the physiology and the diseases of early age, must have been surprised, lately, at the number of professional voices raised in favor of cane sugar.

My twenty minutes are gone. I wish I could have proven to you that our good and best cow's milk may be improved, by simple means. Amongst some others, I count the addition of table salt,—chloride of sodium,—to cow's milk, to raise it to a healthier standard. Do not tell me that you know of babies, your own included, that had no salt and still did well. Perhaps, or surely, you appreciate the fact that sometimes babies will survive even the must consummate ignorance and neglect. They do, but survival does not create fitness. Tell your neighbors they owe their babies more than mere life which may be extinguished by the first serious sickness. They do owe their babies the best they can give, the best and most scientific food, which, fortunately, is mostly the cheapest also, and vigor, and health, and power of resistance.

I might have also discussed the best mode of diluting the milk, which is not with water but a thin decoction of a cereal, that is barley or oatmeal, or with gelatin, whose claims are overlooked too often.

What I meant to demonstrate was that the terms of "good" and "bad" are relative; that cow's milk can be utilized as a blessed boon, and should be feared unless properly and intelligently employed, even the best of it; and the best you must have to begin with. That is why you and all of us should endeavor to procure it both by individual effort, and by our honest and persistent support of the legislatures and municipal governments that work to secure for you and your children, and your babies a wholesome, pure, and more or less germ-free cow's milk. The first year is the making of the future man or woman. As the infant, so the future citizen of the republic.

Why the German Lodge Doctors go on Strike.

BY WILLIAM L. HOLT, M.D.

A doctor's strike sounds strange indeed to our American ears. We are continually having strikes in a hundred different trades, and we doctors are organized for economic as well as scientific purposes; yet, so far as I know, we have never yet had a doctor's strike. But in Germany, where hundreds of physicians work together in the large cities for the great Krankenkassen at wretched rates, these exploited Kassenartze (lodge doctors) have struck

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frequently in the past decade. Such doctors' strikes have occurred in Halle, Leipzig, Bucholt, München and Köln.

The most famous of these strikes was in Leipzig in 1904, and I think my readers will be interested to learn why four hundred German physicians were forced to strike for better conditions, and what the outcome was.

In my first article in the March issue I explained that the Krankenkasse is a great Sick Benefit Society to which nearly all the German workers belong. It carries out the compulsory system of state insurance against illness and old age. The Local Sick Benefit Club (Ortskrankenkasse) of Leipzig, which I will call briefly the Leipzig Kasse, is one of the largest and richest in the Empire, having in 1909 no less than 180,000 members and a yearly income of about a million dollars. As the officers are usually socialists, it may well be called a great socialistic corporation.

And how was this Kasse paying its four hundred club doctors? Until the great strike in 1904 it paid the following sums according to the old fee-scale of 1872, viz: day visits 24 cents with mileage at 12 cents a kilometer, night visits 48 cents, office calls 19 cents; only obstetrical and ophthalmic operations paid extra. But like all Kassen the Leipziger one did not pay its medical bills in full even at these rates. No, in spite of the fact that the average case of illness so treated cost less than 75 cents per quarter-year, the Kasse paid as a rule not much over half the fees charged, sometimes only 40%. The average percentage paid for the years 1886-1902 was 58%, the highest, in 1900, was 64%. These great deficits were due to the so-called "free-contract" between the Kasse and the doctors, in which the Kasse agreed to pay only a fixed sum for all medical services per year and member. This is called the "Pauschal", and means that the Kasse does not pay the doctors according to the amount of work they do but merely a lump sum by the year, which is obtained by multiplying the average number of members by the "Pauschal". Then the lump sum is divided among the lodge-doctors in proportion to their bills. It is evident that the amount of the "Pauschal" is the crux of the contest over the German lodge-doctor's income.

The Leipzig Kasse raised the Pauschal in 1897 from 90 cents to $1.05, then in 1898 to $1.12, and promised to raise it still further to $1.30 at least as soon as it had accumulated the prescribed reserve fund. This was expected to occur by 1900, and the *verbal understanding* was that, if the reserve was not filled by that time, the Kasse would increase the Pauschal by at least 7 cents each year. Unfortunately the latter clause was not inserted in the signed contract.

As was to be expected, the Kasse had not filled its reserve fund by 1900, and hence refused to raise the Pauschal a single cent. An unfortunate quarrel in 1901 over the authority of the Confidential Commission, which decides in doubtful cases

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whether members are unable to work or are getting unnecessary medical attention, made a split among the lodge doctors; so they could not unite to present their claims until the year 1902. On Oct. 22d, 1902 the new Confidential Commission, consisting of lodge doctors and representing the whole body, presented its claims respectfully to the directors of the Kasse. It reminded them of the promised increase of the Pauschal by 7th yearly, and asked for a meeting.

Did the socialist directors of the Kasse answer in a brotherly spirit? They did not answer at all until Dec. 29th, two full months later. And when they finally deigned to answer, the reply is so very like that which the president of an American corporation gives to his employees that I translate it here in full as a proof of the fact that when the socialist becomes an employer he often adopts the same haughty attitude and language as his own master has used to him.

"In answer to their communication of October 22nd we respectfully inform the honorable Commission that after careful consideration the Directors of the Kasse regret that they are unable to increase the medical fee now or in the early future, on account of the unfavorable business conditions which have lasted long and had an injurious effect also on the treasury of our Kasse."

After a meeting of the Leipzig city and district medical societies in May 1903 the Confidential Commission, let us say "the Commission" merely, appealed to the district prefecture in July, asking for proof of the Kasse's assertion that they *could not* raise the Pauschal. A conference followed with the president of the Illness Insurance Office and the manager of the Kasse, with no result except the obtaining by the Commission of the financial report of the Kasse for 1902. A study of this did not enable a single member of the Commission to see how or why the Kasse was "*unable* to raise the Pauschal" if it wished.

On Sept. 7th Dr. Streffer, chairman of the doctor's Commission, was invited by the Kasse directors to a conference and then informed that from January 1904 the Pauschal would be raised to $1.32 *in case the Kassen dues were raised according to the new law,* as expected. They "wished it distinctly understood that this increase was wholly voluntary," just as our American corporation assures its dissatisfied employees when it kindly raises their wages to avoid a strike! They added a pious hope that now at last peace might be established between the Kasse and its doctors.

How "voluntary" this offer really was may be judged from the facts that a large medical convention was just coming with this subject on the program, also that new conflicts in other cities between Krankenkassen and their doctors were being reported, which were sometimes won by the doctors.

The majority of the physicians concerned saw at once that this wretched sop of 20 cents a member could not at all satisfy

their rightful demands or make a lasting peace with the Kasse.

Accordingly on Oct. 23, 1903, just a year since the beginning of negotiations, the Confidential Commission sent the following reply: "We are agreed that the promised raise in the Pauschal of 1 Mark (24 cents) does not suffice to establish permanent peace between the Kasse and its physicians. We agree that the present relations cannot last and need a complete change and improvement, but this must be done on an entirely different basis from that which the Kasse directors intend. Our demands may be stated under two heads, as follows:

1. Introduction of "the free choice of physician", meaning that every physician living in the precinct of the Kasse, who subscribes to the agreed terms, shall be allowed to treat members of the Kasse and their families.

2. Raising the Pauschal to 4 Mark a year for single and 12 Mark ($2.88) for married members, with extra payment for all services which were valued at 3 Mark and more in the fee list of 1889.

We are ready to discuss with the honored directors what measures should be taken to guard the legitimate interests of the Kasse effectively. It will be known to the honored directors that these demands are already fulfilled by many Kassen; we believe that they will be carried out with us also without too great difficulties."

The Kasse directors answered more promptly this time, on Nov. 3d, but gave only an evasive reply. The Commission waited another 25 days, then lost patience and demanded an interview. This was all the more justified because the general meeting of the Kasse members on Nov. 13th had ratified the proposed increase in the dues from 3 to 3½% by a large majority. Meanwhile the Commission had not wasted the time, but had prepared for a trial of strength by organizing all the lodge-doctors in the district. With the exception of five, all declared themselves ready to give the Kasse notice on the 1st of April if the negotiations were unsuccessful.

The conference held on the 8th of December was fruitless. The Commission explained its demands in detail and presented the new contract it had prepared, while the Kasse directors showed various tables to prove it was impossible to accept these demands. Another meeting was set for the 16th. At this conference the Conference declared it would give up the different fees for married and single and agree to an average fee, which should depend upon what services it covered. But the directors insisted that they could not raise the Pauschal more than 1 Mark, nor could they accept "the free choice of physician". The Commission then declared further discussion fruitless, and "diplomatic relations" were broken off.

The official report of the strike gives two full pages to proving that the Kasse *could* have granted these demands at this

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time without failing in any of their other liabilities or giving up any of their benefits. It will suffice the American reader to know that since accepting the doctors' demands in 1904 the Leipziger Kasse has not failed, but in 1910 without raising its dues beyond 3½% of the wages had fulfilled all its promised benefits and also strengthened its reserve fund to about one million marks ($240,000).

I have above referred to the complete organization of the lodge-doctors of Leipzig before the strike. During December three of the five recalcitrant ones came over and joined the union. More important, the hundred or so doctors in all parts of Germany, who occasionally work for the Kasse agreed almost without exception *not to do more than usual* for the Kasse during the conflict, nor to settle in Leipzig. The directors of all the University outpatient clinics wrote to the Kasse declaring their belief that the establishment of "the free choice of doctors" was the only way to obtain permanent peace, and also declaring that after April 1, 1904 they would not care for any extra member of Kasse patients or otherwise antagonize the Leipzig doctors.

The final "declaration of war" was made at a joint meeting of the two district medical societies on Dec. 22d, 1903. It passed the following resolution: "The members of the two medical societies present endorse the action of the Confidential Commission. We insist now as before on the demands for the free choice of doctors and a considerable increase of the Pauschal; and under the present state of affairs hold it necessary to give notice that we shall terminate the medical contract with the Kasse on April 1, 1904." The Commission was instructed to give this notice at once.

I have not yet been able to learn how long the strike lasted or other details. If it makes an interesting story, I will give it later. Suffice it for the present, that after the Krankenkasse had tried for several months to take care of their members with strike-breakers, that is "scab" doctors, the government authorities interfered and compelled the Kasse to accept the free choice of doctors and grant their medical employees a "Pauschal" of 7.50 Mark ($1.80) per year per member.

So the 375 lodge doctors of Leipzig with the help of the national "Union of German Physicians for Protection of their Economic Interests" won "the right to work", that is to treat the members of the Kasse, for every doctor in Leipzig, and raised their total income 66 2/3 percent.

The Laboratory and the Practitioner of Medicine.

BY BEVERLEY ROBINSON, M. D., NEW YORK.

All practitioners who are up-to-date know and recognize the great value, at times, of information which comes from laboratory workers. On the other hand, the value of their work at the bedside must be controlled, finally, by the symptoms and

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signs of the patient, known to and observed by the clinician, and frequently by him alone.

In very simple cases we really don't require laboratory aid, and even in very many of the cases met with in general practice a well trained man may get along fairly well without the guiding hand of the microscopic, or bacteriologic expert.

But in rare, or difficult and obscure cases, we want him and we want him very much. In these instances, especially, we also want the best available knowledge and not the average knowledge of the physician fresh from school, or hospital.

How very much often depends upon the outcome as to health, or life itself! And not always of a single person, but it may be of several, or even of a community. Witness, for example, the lamentable death of our last hero in the cause of science and humanity at the hospital on Swinburne Island. What more direct and sad example could be given?

How often have I seen families whose fate, as it were, hung upon the report from the laboratory, in diphtheria, or typhoid fever. In other more appalling diseases, like cholera, or the bubonic plague, the interests of the whole city, perhaps of the entire country, may be concerned. Here, again, the best laboratory expert must decide for us, and no one else.

To-day, among junior practitioners, there are many who are capable of examining sputa, blood, stomachal contents, feces, etc., fairly well. I claim, however, that for them, as for us older practitioners, to rely upon such examinations for patients who can afford to pay for services and who want, and are entitled to, the best available for money, is not fair to such patients.

In my judgment, laboratory examinations should be made, at present, by men who devote their entire time and study to this sort of work, and not by those who are, relatively, tyros.

Go the rounds of any one of our better hospitals and what do we find? Laboratory reports do not proceed from attending physicians, or the house staff. They come directly from the laboratory workers, in cases of acute and chronic disease, and these reports are referred to, and accepted as a partial guide by the clinical men of the hospital. It cannot and should not be otherwise. How can men busy in the wards with patients be expected to make frequent and accurate blood counts in appendicitis, pneumonia, pernicious anemia, leukemia, etc? How is it possible to become thoroly proficient in all that relates to physical diagnosis and to judicious estimate of varying symptoms, and to be qualified in matters of important medical, or surgical, treatment, and, also, be equally competent in laboratory processes and technique?

If all this be true in hospitals, why should it be very different in private practice among those who are really actively engaged in work?

Let us be frank, truthful, outspoken.

Why not?

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Stricture of the Uterine Canal Following Curettage for Gonorrheal Endometritis.

BY H. GRAD, M.D., NEW YORK.

Mrs. B. was seen on February 23d, 1911, when she gave the following history: Patient is 27 years old, married 8 years, never pregnant. She married when she was 19 and began to suffer with vaginal discharge and painful micturition two months after marriage. She placed herself under the care of a physician who treated her with injections, but failing to effect a cure she consulted a surgeon who curetted the uterus. When she awoke from the anesthetic she was told that an accidental puncture of the uterus occurred during the operation and a peritonitis was impending. She was kept in bed three weeks and made a good recovery, but the vaginal discharge for which she sought relief did not abate. The operation did not benefit her. She experienced pelvic pain, backache and painful menstruations for the following three years, and finally was taken to bed with inflammation for which a second curettage was advised. Three and a half years ago a second operation was performed, after which she noticed a great decrease in the amount of her menstrual flow and finally an entire cessation of this function. No menstruation has now occurred in three years.

The patient is a well-built woman, but considers herself an invalid. She is unable to perform the slightest housework. She suffers with pelvic pain, radiating down the thighs. She has backache and painful coition. She is well nourished, no anemia present, has frequent attacks of headache and periodic attacks of pain in both breasts. Appetite fair, bowels costive, fatigued easily and thinks she is a hopeless invalid.

Physical examination of the head, neck and chest is negative. Urine normal. Bimanual examination of the pelvis discloses an adehrent uterus, very tender to the touch. Fundus of the uterus cannot be outlined. Douglas' pouch full and two palpable masses on either side of uterus. Vulva and vagina appear normal, also cervix uteri. Under aseptic precaution a uterine sound could not be introduced into the canal of the organ and a fine silver probe met with the same failure. A diagnosis of stricture of the uterine canal, complicated by a double pyosalpinx, was made. Patient was advised to submit to an operation for total ablation of uterus and adnexa. On February 28th, 1911, a hystero-salpingo-ophorectomy was performed thru an abdominal incision, which was followed by an uneventful recovery. The specimen removed showed a fibrosis of the uterus and the canal of the uterus lined with scar tissue, no mucous membrane remaining. Above the internal os of the cervix there was a tight stricture present, which prevented the passage of the probe.

The case illustrates the harmful effect of curettage in gonorrheal endometritis. The operation did not cure the disease, nor prevent the progress of the infection and the invasion of the Fallopian tubes.

159 West 120th Street.

Therapeutic Stagnation.

BY WILLIAM FRANCIS WAUGH, M.D., CHICAGO, ILL.
Dean and Prof. of Therapeutics, Bennet Medical College.

There is not a page in the May CRITIC AND GUIDE that does not furnish food for thought and text for exploitation. Out of the profusion I select that one that touches the subject nearest my heart, the condition of therapeutics. Every man has his peculiarities, his personalities, his hobbies. You may take your choice as to which term to apply to it, but my own has been a certain impatience with abstract, bloodless science, and a demand for primary attention being given the miseries of humanity and the means of relieving them. To me it has always seemed that the men who wrangled over how many angels could dance on the point of a needle, while the Turk assaulted the walls of Constantinople, had left too many descendants. Also, those who discuss trivialities, while crying wrongs go unconsidered, are not to my liking.

Therapeutics is all wrong. There are no real therapeutists. Men compile ponderous tomes of undigested material, the results of partial and imperfect observations, made on ill-comprehended subjects, with uncertain and variable remedies —and these be our text-books for the instruction of the coming generations. Specialists prepare volumes demonstrating the many uses to which a single remedy may be put, each advocating his pet as a panacea, but nobody considers what is the best treatment for the patient. One insists the knife is the only remedy—it's the only one he knows; but another asserts that electricity is the only curative force in nature—its the only one *he* knows; and so on. They base their conception of disease on dead anatomy instead of upon living physiology; they assume that their scanty knowledge of therapeutics comprises all that is known and all that is to be known in that department, and from this arises a pessimism that paralyzes their efforts and inhibits progress.

You speak of two causes of failure in this line—the youth of experimental scientific therapeutics, and the incurability of some diseases. How do you know they are incurable? Has every possible remedy been fully tested? All you can say is that these maladies have resisted the remedies as yet applied. Who dares assume that his own little knowledge comprises the sum total of the knowable?

I feel tempted to say that the principal obstacle to therapeutic progress is the lack of the capacity for logical reasoning —the neglect of scientific experiment, and so on; but the difficulty may be more broadly compressed in the one term—psychic sclerosis. Men concentrate in certain directions, sclerosing in all others. Unfortunately their chosen hobbies may be mere piffle, like spelling reform; or pathologic bric-a-brac, the acme being that malady of which a solitary case has been found,

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whose like never will appear again; or on some limited and inconsiderable matter that does not deserve the attention given it.

Less is known of drugs than of any other form of therapeutics; yet we can secure from drugs ten times more of value than from all other therapeutic resources combined.

Positive and unvarying results can be obtained only from positive and unvarying agents.

The final verdict as to the value of a drug must be based on observations of its influence over the physiologic functions in health and in disease. This verdict must be rendered by the profession in a vast collective investigation; it must be a composite picture, not one furnished by any single individual, however exceptional his qualifications and opportunities. What Weir Mitchell may accomplish with a remedy does not indicate what Abner Jones of Hickory Corners can do with it.

The starting point is for the medical profession to realize that the surface of drug investigation has scarcely been scratched, that limitless possibilities lie behind such investigations; that they can and should be made, and that the needed work is a matter for the clinical laboratory, the sick room; the investigator is the practician himself. If I can succeed in convincing the Editor of the truth and the importance of this matter, so that he may add to this movement the impetus of his strong personality, a good beginning will have been made.

License in Education and Child Labor.

BY E. C. WALKER, NEW YORK.

I am well aware of the teachings of some good radicals who have somehow imbibed the idea that "liberty to express itself" is all that the child needs. This *may* be true in many cases, if you rightly define "liberty." The young corn-plant has everything but liberty when the farmer permits it to be smothered in weeds and its first rootlets gnawed off by cutworms. The kitten grown into a cat may take care of itself among the dogs on the street, but the kitten with its eyes unopened will fare sorrily with its liberty under like circumstances. The same truth applies in the case of the child, of whatever age.

My friend, Leonard Abbott, quotes approvingly some utterances of Bayard Boyesen on education. "To lead out from, not to press into," is his ideal. But to lead out *what?* The child is not a simple cell; it is a complex of the evolved possibilities of millions of years of life. It has in it potentialities of evil and of good; it has tendencies destructive of itself and of society and tendencies conservative of itself and of society, for its well-being and society's are not separable. The anti-social being bears the sword for his own ending. Keep that in mind. Charles the First learned that lesson no less than the last murderer electrocuted at Danemora.

"The teacher who dares to suppress a trait of character,

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which the child is instinctively seeking to develop, is guilty of spiritual murder," says Mr. Boyesen. I will not characterize that statement, for I do not wish to use unparliamentary language. But let us examine it a moment: I think Mr. Boyesen was the victim of auto-suggestion. He said "suppress" and the bad connotations of that word reacted upon his reasoning powers. Had he said, "train out a trait of character," instead of "suppress," it would have sounded differently and he might have felt differently.

What a limited education it is that does not include the supplying of deficiences and the removal of defects, physical, mental, moral! If the child stutters or lisps, is it a crime to try to remedy these defects in articulation? If not, why not admit that a tendency to cruelty, to thieving, to lying, should, so far as possible, be trained out of the child? We had the cruel, the predaceous, the falsifying, among our ancestors, no less than the kind, the honest, the truthful. Need we wonder if some children, many children, manifest some of the evil traits? On what grounds of logic, of fair play to them and to others, can we shirk the work of doing all we can to stunt the development of these bad characteristics? You would restrain the cruel or the predatory adult, after his evil traits are fixed by years of neglect and indulgence; by what process of reasoning do you reach the conclusion that you should not enter upon the far easier task, the far kinder task, of inducing in the child the desire to avoid cruelty and predaceousness? Shall we not aid the child to slough off a little more of each anti-social trait that we are so glad the race has partly ridden itself of in the course of its evolution?

To call such timely assistance "spiritual murder" is like calling an operation on a child for phimosis or the correction of astigmatism or the adjustment of irregular teeth mayhem and branding as crimes such beneficient aid by the surgeon and dentist. Why should parents and teachers be asked deliberately to handicap further by woeful neglect a child partially unfitted at birth for the struggle for existence, as Mr. Boyesen so urgently suggests?

When our fathers spelled "good" with one "o" and a capital "G" and "evil" with an initial capital "D," they said that "The Devil still finds work for idle hands to do" and "An idle brain is the Devil's workshop." The apothegms have a religious sound but they come of human secular observation. The greatest perils of the modern child, especially of the modern village, town, or city child, are idleness and purposelessness. Whatever menaces there may be for the child in factory and shop life, the remedies are comparatively easy of application once you have educated public opinion to a realization of their existence and gravity. But when you have accomplished this, your real task awaits you, your gravest problems still confront

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you. This is not so because play is an evil in itself, for of course it is not, but because play, like labor, may be misdirected; because street associations are almost equivalent to temptations; because there is such a woeful lack of opportunities for healthful recreation, and because the great majority of parents, especially city parents, either can not be or do not see the necessity for being in any vital sense the educators of their children. So many of them seem to think that their utmost duty ends when they bring them into the world, generally by accident, feed and clothe them as they are able, and send them to school the prescribed number of hours each school day for the set number of years. To this the religious will add instruction in a medieval catechism and pack them off to Sunady School for an hour each week.

Heretical as it may sound to many of you, I have no doubt whatever that the newsboy, the grocery and laundry delivery boys, the boys in factories and shop where sanitary conditions are enforced and the last hour of work for the day is well this side the point of exhaustion, stand a far better chance of coming out among the fit, of winning in the struggle for existence (moral and material), than do the sons of the rich and of the upper and lower middle classes who have nothing to do during non-school hours but loaf on the street corners and about the doors of saloons and tobacconists' shops. Necessarily, on Sunday and after work-hours of other days all are in like peril. On the streets of the city, boys, and girls, too, to a considerable extent, learn to gamble, to smoke, to drink, to steal from the poor street dealers, to burglarize. There they take their lessons in rowdyism, graduating into hoodlums, terrorizing passengers on surface and "L" and subway trains, and constantly recruiting the ranks of criminality. The vast majority of our criminals are young boys and girls and young men and women from sixteen to thirty years of age, their lives ruined before they are well begun. And, as indicated, not all of these, nor even a majority of them, are the children of the very poor, forced by their dire physical needs into preying on society. And they are little, if any, worse, potentially, than their school- and playmates who do not so miserably perish as unfit. Perhaps in some respects their average of possible powers for good are higher, in that they are more energetic, enterprising, alive. Most of them go down because they do not get at home what they should have, because they find in the streets what should not be permitted there to snare their inexperienced feet, and because so much of the potential saving energy of the aid organizations and of society as a whole is pitifully misdirected, some in inept and ineffective pietism, some in repressive measures that do not touch causes, or only lightly touch them, some in helpfulness that is not nearly so helpful as it might be made by deeper study of fundamental social principles and child psychology.

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I may be most gravely in error, but I can not resist the conviction that the earnest and tender-hearted opponents of child-labor have reversed the normal positions of the equine and the wheeled vehicle. It is so easy, relatively, to get a thou-shalt-not law of this kind, and even to enforce it, but, under existing economic and educational conditions, it is not so easy to show that the future of the children taken out of factories and shops has been greatly brightened. The logical and really helpful procedure would have been to provide something better for them first. Labor for the child need not be destructive, *per sé*, but idleness, *plus* evil associations, is. Besides, there is the grave problem created by the extra burden thrown upon the shoulders of poor parents. Legislative regulation of factory and shop conditions is not open to the same objections. The child, no more than the adult, should be forced to work beyond its strength, and the surroundings should be sanitary, much more sanitary than the great majority of householders will permit their own homes to be. And if the child does a man's work during the time-unit it should receive a man's pay.

Continence in the Two Sexes.

BY R. W. SHUFELDT, M.D., WASHINGTON, D. C.

I read with pleasure your admirable article in the CRITIC AND GUIDE for February, entitled "The double Standard of Morality, and the effects of Continence on each Sex." Editorially, you sometimes print in the CRITIC AND GUIDE, views, that I find I have difficulty in coinciding with; they jar me a bit; but for the most part I read them with the utmost satisfaction, for they are truthful, sincere, chaste and candid to a fault. More than all this, they are both useful and highly important, and it was in this way that the above article struck me.

In the main, I agree with you to the letter in what you say in that article; the principal point wherein I do not agree with you being that I do not consider the question to fall within the realm of morals. If the sexual impulse is so imperative in any man or woman, that either health or sound mentality is injured thru continence, then it ceases to be a matter of morals to seek and attain satisfaction, quite as much so as tho any other system of the economy was being starved thru neglect, or depriving the organs involved of the necessary requirements for their functioning. Morals have nothing whatever to do with it. The question is one for mankind as a whole to consider, and it is not restricted to any particular race or people. It is only our peculiar marital relations and arrangements that bring up in our minds any immorality with respect to carrying out, in a natural way, the physiological functions of any parts of our bodies. We have switched far, far off from nature, our people have,—we never hear of the question of continence brought up

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among savage and other races who lead a natural existence in such particulars. They would, and do, laugh at us and our insane notions in such matters.

As I was born exactly in the middle of last century, I feel that I have had, in my more than checkered career, ample experience upon which to base an opinion in this widely discussed question. Some aspects of it have already been discussed by me in the press at different times and in different places. It is a subject that I have carefully observed and upon which I have read a good deal, and, being a physician, have talked freely about both with men and women.

The sexual impulse differs in its demands in the sexes, and in different races in various quarters of the world, and at various periods of the life of the individual. Both with respect to men and women, it may be very intense in some individuals; lukewarm in others; and entirely absent in by no means a few. It is powerfully affected, when present, by social conditions, environment, habits, tastes, methods of living, various excitants, and so on.

Taking the white race, of the Anglo-Saxon stock, in this country as an example, I am of the opinion, that among normal people the sexual impulse, or the libido sexualis, is manifested in boys several years prior to the time it appears in girls. I should say in boys from 8-14 and in girls from 14-20, depending very largely upon a great many circumstances.

The instinct is much more easily aroused in boys than it is in girls, again depending upon the temperament and individality; but once aroused in either boy or girl, normally sexed, the desire is never forgotten again, until either disease, old age, or death does away with it.

It is not unusual to meet with women in whom no sexual desire appeared until after twenty, and, in not a few cases, until after thirty. There are many exceptions to this rule. Then many girls are autoerotic at twelve, and many indulge in sexual relations at this early age.

After the function is established in the male sex and a few copulatory acts have been experienced, in the vast majority of men the physiological impulse is distinctly imperative and should be gratified as often as the nature of the man, in whom it has manifested itself, demands. If not properly and regularly attended to, in the vast majority of normally sexed men, the results are almost invariably disastrous and often destroy the individual. It may bring on a number of distressing nervous diseases; it frequently is the cause of impotency, sending its victim to a suicide's grave or the ward of an insane asylum; it is responsible for no end of alcoholic abuse among men, who drink to kill the burning and unsatisfied desire that has manifested itself in them. Very many men in the community, who periodically drink to excess, are either prematurely impotent, or

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stand in constant dread of it, or are the mates of frigid, sexless wives, who know nothing of even ordinary affection and who insist, that their husbands abandon all sexual relations with them.

A large number of our women are entirely devoid of any sexual passion whatever. There may exist in them both psychological as well as anatomical reasons for this,—reasons, that any intelligent physician is more or less familiar with. A smaller percentage have the libido sexualis fairly well developed in them, psychologically the desire is more or less strong, they are anatomically normally constituted, emotional, affectionate, and, if they have been educated properly in sexual congress with the opposite sex, they welcome the opportunities to gratify the desire. Such women, however, can often abandon all sexual gratification and not suffer thereby in the least.

Finally, there is a very much smaller percentage of women, perhaps one in a hundred, who are normal in all particulars, and endowed by nature with every essential factor to revel in sexual intercourse whenever and wherever the chance presents itself. In these women, after the impulse is fully established, the satisfaction of it is absolutely demanded, is entirely uncontrollable, and I have met with cases in whom the act was so imperative, that it was not only performed a number of times in each twenty-four hours, but they would run any risk, face any danger, endure any hardship, or inconvenience in order to gratify the burning desire within them. [These are nymphomaniacs, pathologic specimens, and with them we have nothing to do in this discussion. The question is only of the sexual instinct in normal individuals of both sexes. Editor.]

A small percentage of men are also frigid types, being entirely lacking in the sexual impulse, and in our form of marriage they should be very careful with respect to the mate they select as a life companion, for of all the diabolical hells on earth, it is where an icicle and a furnace endeavor to fulfill the requirements of the marital bond and live together. If the man be the icicle and the woman the furnace, the case is bad enough, but if the reverse obtains, then there is no torture known to mankind that can compare with it, in so far as the man is concerned, and generally no better examples are to be found in the matter of dense ignorance of results, utter indifference as to consequences; and sublime unreasonableness at all times, than is exemplified in all such women. And the remarkable part of it is, that they are of the very kind who create the greatest amount of disturbance if they become acquainted with the fact, that the husband has a mistress or behaves like a normal man with women elsewhere.

Kitchener remarks on this point "that there are innumerable women of this class, who *drive* their husbands to seek for other females with whom they can cohabit without check or hindrance; and yet these very women, if they knew that their

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husbands had a connection of that kind, would be the loudest in their invectives against immorality and incontinence." In some respects the Abyssinians have better sense than ourselves in such matters, for, according to Madame Sillery, if a husband is convicted of adultery, his wife is severely punished or expelled from her home, for they argue, had she fully satisfied him sexually, as she should, he would not have been confronted with the necessity of seeking other women, therefore, she, the wife, was to blame. The Abyssinian judges would have their hands full, were they called upon to mete out justice to such dames in this country.

In normal women the regular satisfaction of the sexual desire, "is a natural craving," while Napheys points out that "there are wives who pride themselves on repugnance or distaste for their conjugal obligation." They speak of their coldness and calmness of their senses as tho they were not defects. Yet the sour, shallow, sexless shrew is, as Jordan says, "an impostor as a wife, and her marriage is a fraud."

Absolute continence in normal men is followed by the most distressing results, and this is likewise true of normal, passionate women; but the latter have one advantage. For as you truly remark, "one of the most dreaded possibilities which stand spectre-like before middle-aged continent men, namely, sexual impotence, leaves women entirely undisturbed."

I am satisfied, that at least half of the male suicides in this country, where the cause remains unknown, are those of continent married men in middle life. Psychological impotency in men, especially in some kind of men, is easily induced by an ignorant, sexually anesthetic wife, who habitually repels her husband's advances, and this form of impotency can soon become permanent.

Have you ever observed how common masturbation is among a certain class of insane patients? how they break out in lewd remarks? They are middle aged men, who have attempted to lead absolutely continent lives, often with a wife completely sexually anæsthetic on one side, and the dread of venereal disease, on the other. The time comes when the mind must give way and some one of the psychoses rapidly develops.

Anything is better than this for a race or a people,—even polygamy.

Report of a Case of Syphilis Inoculated by a Dentist.

BY MAXWELL L. VOLK, M.D., NEW YORK.

Bertha E., twenty-nine years of age, married, native of Roumania; ten years in United States; housewife.

Personal history: The patient was never sick as a child, excepting for an attack of measles. She claims to have never been ill enough before marriage to require the services of a physician; nor has she ever suffered from skin eruptions, sore throat, pain

in the bones and joints, alopecia, or recurring pains of any nature. About five years ago she had seven teeth extracted because they were too far advanced in the process of decay. The wound healed rapidly, and artificial teeth were substituted. Her husband is a perfectly healthy man of thirty-four years, and, like his wife, has never been ill enough to be confined to bed. The patient is acquainted with her husband since he was fifteen years of age. She has been married for seven years and has borne two healthy children. The birth of the first child was instrumental; that of the second, natural. Both children, at birth and ever since, showed no manifestations of any hereditary or congenital disease. They are both enjoying the best of health and have so far even escaped the usual diseases of childhood. The second child is one year old. The patient never had a miscarriage, and was never operated upon. After the birth of the first child she had a vaginal discharge lasting for some time and ceasing spontaneously.

Present history: On May 12th, the patient had a wisdom tooth in the left inferior maxilla extracted by a dental surgeon, a member of a firm of dentists enjoying a large and varied practice among all classes of people in the city of New York. Immediately following the extraction there was the usual amount of hemmorhage and pain. After a few days, when the wound should have healed and pain ceased, the reverse occurred, and she had to favor the left side of the mouth in the process of mastication. This condition of an unhealed wound with some pain and oozing of blood continued for seven weeks. Then the pain at the site of the wound increased in severity and tenacity, and the adjacent tissues swelled. The hemorrhage now ceased entirely. Mastication became more painful, and the main point of soreness was at the site of the extracted tooth. In about a day or two the submaxillary region on the corresponding side swelled and became painful. Two weeks afterward she applied to the same dentist who syringed the cavity with some antiseptic solution, but no relief ensued. After a few days he repeated the procedure without any benefit. Upon the fourth visit to his office he administered an anesthetic and applied some treatment, the nature of which the patient does not know. Immediately following this the pain became more severe, the submaxillary swelling increased in size, and the taking of nourishment by mouth became impossible.

Three days later I was called in and found her in a state of great suffering. The mouth could be opened only very little, making examination very difficult. The picture presented at this necessarily superficial examination was that of a peritonsillar abcess. Accordingly, I made an incision into the most prominent part of the swelling, but no pus appeared. After a fairly profuse hemorrhage, encouraged by hot water, she felt greatly relieved, and could open the mouth more. On account of the pain attendant upon examination I could not explore the

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left side of the oral cavity thoroly. I prescribed a mouth wash of hydrogen dioxide, and after four days discharged her, informing her that the submaxillary swelling would subside gradually and spontaneously. She then left the city and I heard nothing from her for over two months.

When seen again she could open her mouth fairly well, but some soreness persisted at the site of the original wound and the submaxillary swelling had not decreased. Examination of the mouth revealed on the left side tissue in a state of chronic productive inflammation in the process of cicatrization. Somewhat posteriorly to the original wound, there was a slight opening from which a drop of pus oozed out now and then. At the same time she called my attention to a rash, diffuse all over the body, and especially prominent over the chest. According to the patient, the eruption was then about one month old. It consisted of pink-colored papules with an occasional pustule. Suspecting syphilitic infection, I sent her to the dermatological department of Vanderbilt Clinic for consultation.

There the case was diagnosed as one of syphilis, having as its point of entrance the site of the extracted tooth. Treatment was instituted in the form of inunctions of mercury, a mouth wash prescribed, and instructions given as to precautionary measures. One week after the treatment was begun, the swelling in the submaxillary region commenced to decrease, the soreness in the mouth lessened, and the rash began to fade.

About one month afterwards, the mouth showed only thickened tissue at the site of the original wound, the submaxillary swelling was hardly visible, and the rash had faded, leaving brown spots of a coppery hue.

The voice had become husky, a phenomenon she had never experienced before. For four days she had articular pains in the wrist and shoulder on the right side. During all this period she had no vaginal discharge or any symptoms referable to the genital organs. Examination corroborated her statements. She had lost about thirty pounds since the beginning of the illness, and has become much weaker.

For the first two months after the extraction of the teeth she had nursed her baby; and now she is living in constant anxiety for fear of having infected her child.

The Need of More Practical Examinations by State Boards of Registration in Medicine.

BY RICHARD C. CABOT, M.D., BOSTON, MASS.

Ignorant doctors can do a lot of harm. They can, and they do. They fail to recognize contagious disease before it has spread into an epidemic. It might have been checked if recognized early.

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They fail to recognize at the top of a patient's lung a dangerous disease (*i. e.*, incipient tuberculosis) before it has spread and produced advanced phthisis. It might have been checked if recognized early.

They fail to recognize appendicitis before it has spread to produce fatal peritonitis. They let wounds go septic and babies' eyes get blinded by that absolutely preventable disease, gonorrheal ophthalmia.

As health officers in most of our cities and towns they fail to apply principles of preventive hygiene in the shop, the home, the street and the schools. They allow foul air, promiscuous spitting, and windowless sleeping-rooms.

What is the remedy? There are two possible remedies. One we can apply at once, the other we cannot. We cannot force our medical schools to do decent work or go out of existence. At least I cannot discover any way to do it.

As this remedy is not feasible, there is left but one alternative, viz: to make *more practical* and therefore more searching our existing State Examinations for the right to practice medicine. They are now mostly written examinations, and any smart boy can pass a written medical examination without any genuine medical knowledge. Six month's study of the cram-book (quizz-compends) will put a boy thru. He may never have seen a sick patient, never attended a woman in labor, never dressed a wound or written a prescription in his life.

Practical examinations—the examination of patients to settle a diagnosis and determine treatment—that is what we want. There is no other way to find out whether a boy is fit to begin the practice of medicine except to watch him in the act of trying to practice it. Fancy a board of judges at the Conservatory of Music determining a violinist's proficiency by a written examination, without hearing him play! Suppose a jury of Royal Academicians were to judge of a painter's art without seeing any of his pictures. You have there a situation precisely like what exists when we judge would-be doctors by written examinations. To examine a patient's heart, to judge of the condition of his lungs, of his blood, of his bones and joints, is an art as practical and as difficult as billiards or dancing. Eyes, ears, fingers and wits must tackle a new and peculiar situation in every patient. Not two are quite alike. Each put us on our mettle like an athletic contest. It is not a matter for generalizations written in a blank book.

Practical examinations have already been undertaken by several of the State Boards of Registration in medicine since 1908, when chemical tests in the examination of urine and some other laboratory procedures were added to the list. In

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1909 and 1910 a certain number of patients were examined by some of the applicants for a doctor's license, but in many states this has not been possible at every one of the examinations since held, as the facilities provided for the Board, and the appropriations allowed, are not sufficient.

Four middle western states have now undertaken regular and systematic practical tests for candidates in medicine. There is nothing untried or unusual about the use of practical methods, for tho this country has been slow in adopting them, England [as well as Germany, Austria and several other European countries,—W. J. R.] has had such tests for many years.

Patients with various diseases of the heart, lungs, blood, kidneys, joints, skin and nervous system, can easily be hired, and are very glad to earn a little money (since they are unfit for active work) by submitting themselves to examination. The examination does the patient no harm, as he can sit or lies still during the entire process. I have hired many such patients every summer for the instruction of graduate students, and have found no difficulty in so arranging it that the physician under my instruction became familiar with the most important types of disease by actual case-study, without hurting the patients and with some addition to their scanty income.

No half-educated student can pass these tests. They separate the good men from the bad, *instanter*. Many good practical physicians do not do themselves justice on a written test—but put them up against a case of disease and their good sense and ability are at once obvious. On the other hand, many a glib writer, with a memory for words and figures, but without knowledge of the facts of diagnosis and treatment, can slip thru written tests, and even learn simple laboratory procedure by heart. It is the actual recognition of the presence or absence of disease in a human being that floors these facile writers, thereby saving the state from being saddled with that most dangerous load, a cheeky but ignorant doctor.

I need hardly add that this proposal—*thoro practical examinations conducted on actual cases of disease for every candidate for license to practice medicine*—has nothing to do with the status of osteopaths, Christian Scientists, masseurs, magnetic healers, etc., who can practice in most states without a medical license.

What we need is to impress upon our Governors and our Legislatures the fact that it is up to them to provide proper facilities for protecting the community against imposition—against malpractice by excluding, thru practical examinations, the untrained and blundering practioner of medicine.—*The Old. Dom. Jour. of Med.*

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THERAPEUTIC ITEMS

Morphine in Epistaxis.

Hays makes the point in his paper that epistaxis associated with high vascular tension is best treated by full doses of morphine, and, of course, rest.

Silver Nitrate in Tonsilitis.

Settel states that both local and constitutional symptoms are more severe in acute tonsillitis where secretion is scanty, the size and tension of the tonsils being augmented by the retained fluids. He recommends as the best treatment swabbing with a 20 to 30 per cent. solution of silver nitrate.

Thyroid in Carcinoma.

Jones reports a case of skin carcinoma in which complete disappearance occurred under the administration of thyroid extract.

Icebags in Pneumonia.

Lees treats pneumonia by carefully locating the local focus of the disease and placing two icebags so as to include between them the inflamed area. The principle of this is found in the fact that the pneumococcus is very sensitive to temperature change, growth ceasing below 28° C. The right heart must be carefully watched and the application of leeches, if dilatation occur, finds a warm advocate in Lees. Lees is a strong pleader for the use of volatile antiseptics, and recommends the inhalation of alcohol in cardiac failure. He considers bleeding a powerful heart stimulant, strychnine and oxygen ranking next. He is also a believer in vaccine treatment. It is essential that the feet be kept warm.

Electricity in Gastric Troubles.

Wells and Levy have obtained good results in chronic stomach troubles, such as gastralgia, chronic gastritis, nervous regurgitation and ulcer with atony, by the use of galvanism and faradism, the positive electrode being applied to the abdomen and the negative to the gastric mucosa thru the stomach tube. Faradism is better for motor disturbances, galvanism for secretary disturbances and painful functional conditions.

Suprarenal Before Antitoxin.

Wallace administers, hypodermatically, an aqueous extract of the suprarenal gland before an injection of diphtheria antitoxin in patients subject to asthma, hay fever and bronchitis and in those with unstable vasomotor systems. As is well known, antitoxin is very dangerous in the presence of these conditions. The suprarenal extract acts as a prophylactic against serum disease.

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PRAISED BY SOME, BLAMED BY OTHERS, DISDAINING THE FOOLS, BRAVING THE WICKED, I HASTEN TO LAUGH AT EVERYTHING . . . . FOR FEAR OF BEING OBLIGED TO WEEP

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

VOLUME XIV. SEPTEMBER, 1911. No. 9.

EDITORIALS AND EDITORIALETTES

MATTOIDS.

A new word has recently been introduced into our language, which, not to use the hackneyed phrase of filling a long felt want, certainly answers a very useful purpose. No other word in present use can be substituted for it, or can be used as a synonym for it. That word is Mattoid. What is a mattoid? You cannot explain it by one word, or even one phrase. You have to write an article about it. "Degenerate" will not answer, nor will "hysterical", "fanatic", "insane", "crank", "paranoiac". It is important that the word be from beginning restricted to a well-defined type, otherwise by being abused and being applied indiscriminately, it will lose its usefulness. If a man thinks he is Jesus Christ or the German Kaiser he is not a mattoid: he is a lunatic. A mattoid is a person who tho perfectly sane is nevertheless unbalanced—on one or more points. Usually the unbalance assumes an egotistic character and the person, who is generally talented, imagines that his talents are much greater than they are. He expects to do great things. His first characteristic is that he must be above the average, in certain respects at least. He has original ideas, but he must go to extremes until his ideas become absurd and ridiculous. His view of life is generally distorted, because his sense of proportion is distorted. They often mistake a part for the whole, or a small insignificant part for a big all important part. They are often good orators, generally excellent debaters, often show talent in poetry and painting, but their life lacks continuity; they can never take up a certain work and bring it to a finish. They begin one subject, drop

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it and start another. They are fond of travelling and of rushing about. Solitude is painful to them. The entire direction of their work is altruistic, and they become fanatical in the pursuit of their ideals; they may sacrifice everything they possess, even risk life itself. Sometimes they stab an innocent queen, sometimes they shoot a president. But in their private intercourse, they are not very particular as to means and ways; they often scorn conventional morality; considering themselves superior beings, they do not think they are bound by the ethical code of the average of humanity; supermen, they have a right to create their own code. If they hurt or injure somebody, so much the worse for that somebody. They are often reformers, often help to move the world along, and in times of revolution they play a great rôle. They sometimes become saints, sometimes founders of new religions. Such is the mattoid of the high type. He often moves humanity, but he is a nuisance to live or to associate with; and the Lord have mercy on the woman and children whose husband and father he is. Their life is generally overflowing with misery. The world needs them, but they ought never to marry.

To the type above described the term mattoid should be restricted. Mere eccentricity, mere desire to be different should not be designated as mattoidism. A man who, to show his contempt for humanity, wears long hair, a flowing tie, shabby clothes and fails to apply soap and water to his face, is not a mattoid. He is simply a fool. And the woman who slashes herself with a knife, and tells a story of having been attacked by burglars, in order to excite attention and sympathy, is not a mattoid; she is a grand hysteric. And the person who imagines that he possesses countless riches and is the Czar of Russia, or is afraid that the world is in conspiracy against him and that everybody wants to poison or to imprison him is not a mattoid; he is insane and belongs to the sanitarium.

In short, a mattoid is to all intents and purposes a sane person; only he has one or two—or perhaps three—little wheels loose. He is generally above the average; often has some talent, but the talent he *thinks* he has is out of all proportion to the talent he really has. He is altruistically inclined, and his work has an altruistic direction, but nevertheless he acts in a brutally selfish, utterly unscrupulous manner towards friends, acquaintances and near relatives. His ideas often give impetus to great reforms, tho he himself is never capable of carrying any reform thru, of putting any plan into execution. The world needs him, but it is best not to come in *close* contact with him personally.

Such is my definition of a mattoid.

A PERSONAL MATTER.

I learn that I am being criticized in certain quarters, because I refuse, as a rule, to see people except by appointment, and because those who come to see me have to go thru certain

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formalities, such as signing their name and address, stating the object of the visit, by whom recommended or introduced, etc.; and even then I refuse to see some people. To some of my sapient critics this does not seem to be in full harmony with the rôle of a kind-hearted, truly democratic humanitarian.

I owe it to myself, to my friends—the enemies don't count—and to my prospective visitors to give a word of explanation.

There was a time when I personally saw everybody who chose to call. I thought it but just and proper. Let us see who the visitors were. Leaving out close personal friends, the visitors comprised the following: 1. Bona fide patients within my specialty. 2. Patients suffering with diseases entirely outside of my specialty, whom I had to send away. 3. People merely wanting some hygienic advice or wanting to know what books to read on a certain subject. 4. People wanting to know the best method of prevention of conception. 5. People—unfortunate girls and women—tremblingly or nonchalantly informing you that they want something, or something done, to "bring it on". 6. People wanting to shake hands with the Editor of the CRITIC AND GUIDE, whose writings they have enjoyed for so many years, etc. 7. People with a manuscript for one of the journals, or wanting to find out why their article has not appeared. 8. Agents—all kinds. Some with new remedies—they are always welcome—some who think that your library needs an addition, some who are sure that your family is not sufficiently protected and that it is your duty to increase your life insurance and some sharks who are anxious to enrich you by a real estate transaction.

As I said, I saw everybody. But as every man has only a certain amount of energy, and as even the greatest man has but twenty-four hours to the day, the results of this "see everybody" policy proved disastrous. Both my time and energy were squandered. Often, interrupted in the midst of an editioral or an article I was unable to finish it in time for a certain issue. I perceived that if I was to get thru with my work I would have to sift my visitors, so as to exclude at least the most useless, the most annoying ones. People belonging to the first class—bona fide patients—I naturally must see; occasionally you can not refuse seeing a visitor belonging to the sixth class, especially if he is from the other end of the continent, tho I do not believe in personal hero-worship of any kind. But I do not see why all the rest of the people cannot be handled by my secretary or office man.

I regret to say that during the coming year I shall be busier than ever. Only my patients I shall have time to see personally. And even they must make a definite appointment, by telephone or preferably by letter. *All other* matters must be attended to by mail.

I trust this explanation will prove satisfactory to my friends.

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CALIFORNIA WATERS OF LIFE.

This impudent fake was shown up by Samuel Hopkins Adams in the "Great American Fraud." After a period of retirement it is, we learn from the J. A. M. A., apparently again being brought to the attention of the gullible. The labels bear the following statements:

"Original California Waters of Life, formerly known as Isham's Sweet Water Springs, San Miguel Mts., San Diego, Calif. The most salubrious spot on earth. Just as it flows from nature's laboratory. Famous for its miraculous power to destroy diseases and actually rejuvenates humanity by dissolving and evacuating calcareous old age matter and microbes. The worst form of kidney, stomach, blood and skin diseases yield to its marvelous power. Cures rheumatism, Bright's disease, diabetes, gallstones, acute dyspepsia, insomnia, and gives new life. Makes the blood pure and postpones old age. No other water performs such wonderful cures. Requires less than one half the amount of other medicinal waters to derive the desired results. Some physicians have requested that the precipitation, if any occurs, be saved for their own use as it is pronounced by chemists to be iron and silica and in no manner is the value of the water lessened or deteriorated."

Samples of the product were analyzed by the government chemists and the "California Waters of Life" was found to contain nothing but *ordinary spring water.* The government attorneys insisted that the stuff was misbranded under the Food and Drugs Act and the courts of course upheld their contention.

CLASSICAL STUDIES.

We learn that the committee of the Corporate Association of Medical Students, of Paris, recently passed a resolution to the effect that a study of the classics constituted a preparation for medicine altogether superior to that which most young people intending to study medicine now receive, and that in future no substitution ought to be allowed for classical studies.

We are inclined to agree with this resolution, especially if the studies should be limited to Latin only. We are not sure that Greek is worth the time and energy which are required for its acquisition. But Latin should be obligatory. We would not exchange the Latin we once knew—and even the little we know now—for any other knowledge. Not counting the excellent foundation which it gives for the study of other languages, it is in itself a most excellent discipline.

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The Banquet Table

Some congenial physicians, tired of the deadening drudgery of a physician's life, decided to meet at more or less regular intervals, to dine together, to exchange impressions, in short, to have a jolly restful time. It was suggested that each of the members of this informal club prepare for each meeting a brief article—even of only a few lines— for the amusement of his fellow members. The article should preferably be a mild satire, or a comment, on some of the evils of our profession, or on the foibles of our leaders. Some members objected on the score that they could not write. They were told that an interesting or amusing clipping would do. It was decided to print the member's contributions in the CRITIC AND GUIDE, and we are glad that our readers will be able to participate one a month in this feast of wit and good humor.

Honeymoons for All.

"Why not go on a honeymoon?"

The agent of the American Matrimonial Adjustment Company had, a moment before, imperceptibly slipped into Ashton's office with that rare skill which comes to artists in the canvassing line.

"What do you mean?" asked Ashton.

"If you will give me about a minute of your time, I will explain."

"Go on."

"My company supplies brides for honeymoons. Now, sir, don't get impatient and jump at conclusions. Wait until I am thru."

"But why should I go on a honeymoon?"

"Simply because it is one of the fundamental, elemental, absorbing experiences of life. No man can be a complete man without it. All the sentiment, all the tenderness and poetry, all of the supreme ecstacy of life is concentrated into that wonderful period. You are a man of wealth. One by one you have tried all of the things that money can buy—and exhausted them—except this, which we can offer you at a price that will astonish you. Every possible avenue of pleasure is open to you; all the higher feelings focussed into a delirium of bliss, which for you, who are a practical business man, will be all the greater after a life of hard work. It's all perfectly simple; we supply you with a bride—an unexceptionable bride, and we make all the arrangements; we have several classes of honeymoons. There is the lonesome honeymoon, quiet country inn, old-fashioned buggy rides, bucolic joys and communing with Nature. Then there is the panorama honeymoon, Pullman cars, Niagara, Yosemite, mountain scenery, splendid hotels, moving humanity, in which you enjoy, with a sympathetic soul, all of the architectural beauties of your country. If you would like a European honeymoon, which is our most popular one, we can offer you any number of varieties."

Ashton was interested. That morning, sitting in his lonely bachelor apartments eating a solemn breakfast, he had secretly longed for companionship. Lonesomeness is the curse of celibacy.

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At the same time, Ashton knew better than to get married. He had figured the thing all out on paper and for him it was not worth the price.

"How about the bride?" he asked.

"She is the natural evolution of the great woman's movement that is now sweeping over the world. The principle we went on when we started our wonderful business—with branches now in every city—was that there were in this world any number of women of the best families, rich, if you will, accomplished and handsome, who wanted to devote their lives either to art, to literature or to politics, as the case may be, and who, like yourself, desired to have the experience of a honeymoon before they settled down, so to speak, into their life work. It was our business to find them and we have done it. We bring you together by a scientific process. Now, in your case, let's see: you are about five feet eight, with dark hair, brown eyes, aquiline nose and a nervous, energetic temperament. Hum—ah, you will require a delightful little blonde, with a retroussé nose. By Jove, I have just the one! And if she doesn't suit I can offer you others. What do you say?"

"Can I take a good look at them first?"

"Sure. We give a complete demonstration. Have her to yourself for an afternoon; you understand, of course, that she may not like you. It must be mutual. But I can assure you that with our experience we make very few mistakes. Occasionally we have to try again, but such is our judge of temperament that we can usually suit both parties on the first go off."

"What's the price?"

"Five thousand dollars. This includes all railroad tickets, hotel bills, every possible attention, couriers when necessary, for six weeks, anywhere in the world. We bring you back to your office just as you were before, after having been thru the finest experience in the world—necessary, in fact, to every human being in order to know the real meaning of life."

"Isn't that high?"

For what you get? I should say not! If you prefer a widow, of course, I can bring it down to $3,000, but I wouldn't advise it. Do it right!"

Ashton considered.

"I rather incline to your proposition," he said at last, "with the understanding, of course, that you can carry out your programme as outlined, after I have submitted the matter to my attorney, but——"

"That's perfectly agreeable to us. Our contracts are passed on already by the best legal talent in the country. Will furnish bond if you desire, at a slight extra cost. Possibly this afternoon you would like to have a demonstration?"

"Why, yes, only——"

Ashton leaned forward.

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"One more thing occurs to me," he said. "Suppose by any possibility, neither of us should want to secure a divorce; it might be awkward. I've seen sober friends of mine make fools of themselves and I myself realize that I might do the same thing."

"We understand that perfectly and have a plan that we find is perfectly devised to cover this contingency. In case you should desire to continue, why we charge you at the rate of five thousand dollars every year as long as the arrangement lasts. You may be enthusiastic at first, you understand, but after you have been paying out a regular sum of a hundred dollars a week—well, it discourages permanent love. You see, sir, it's a perfect system, and for our modern age and its intense requirements it works perfectly. Instead of running your own risk and paying alimony all the rest of your life, you pay for being married, and when you want to quit we make all the arrangements. What do you say to four o'clock this afternoon. I'll send my car."

"Done."

One morning, two months later, the door of Ashton's office opened quietly and the graceful figure of the representative of the American Matrimonial Adjustment Company entered.

"Well, sir," he said, as he shook hands, "how was it?"

"I am bound to say that you have filled your contract in every particular. I am so pleased that I shall be glad to write you out an enthusiastic letter of praise, which you are at liberty to use."

"Thanks very much. That's the way we like to have our customers talk. And now about the future. Do you wish to continue, or shall I present you with your release papers?"

Ashton reached forward for his checkbook.

"Send over the papers at once," he replied decisively, "and from this date you can put me down as a regular customer for six honeymoons a year."

"In that case," replied the agent quietly, as he took out his order book, "we will, of course, allow you our regular discount of 20 per cent. Good morning, sir, and thanks for the order. I'll send the car at four, as usual." *Life.*

For further information, address Thomas L. Masson, c/o *"Life"*, New York.

Night Messengers Must Be Over 21.

Some of our regulations bearing on health are oddly inconsistent. Thus the law does not allow any male under the age of twenty-one to act as a messenger between the hours of 10 P. M. and 5 A. M., while girls of sixteen are permitted to work all night in the telephone exchanges. Is the inconsistency only apparent? It seems to us quite real (No, it is not. In the case of the messengers it is not their health, but their morality that we are concerned with. Ed.)

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Reformers an Obstacle to Reform.

That the antivivisection movement has reached the point of having its bill reported favorably to the New York senate simply emphasizes the point that there is at large in the world a great deal of will to be helpful that does not know what to do with itself. H. G. Wells is said to be a socialist. His *New Machiavelli* observes: "To understand socialism is to gain a new breadth of outlook; to join a socialist organization is to join a narrow cult which is not even tolerably serviceable in presenting or spreading the ideas for which it stands." Mr. Wells's Machiavelli turned out to be an undesirable citizen and very likely his view was prejudiced; but it has occurred to us before, observes the *Saturday Evening Post* for April 15th, that perhaps the great obstacle to reform is some reformers. The temperance movement, for example, here and there develops a bigotry, malignancy, and disregard for truth that smell of the dark ages. Sometimes the most prejudiced, harsh, and bitter man you meet is a socialist, preaching enlightenment and brotherhood. In antivivisection we have a passionately "humane" crusade, which would cheerfully sacrifice the medical profession in behalf of certain rabbits and stray dogs. There are endless reform movements and hardly any one so wild eyed that it cannot find followers. Why does not somebody start a movement to reform incorrigible reformers?—*N. Y. Med. Journal.*

The Lady Poverty.

I met her on the Umbrian Hills,
  Her hair unbound, her feet unshod;
As one whom secret glory fills
  She walked—alone with God.

I met her in the city street;
  Oh, changéd was her aspect then!
With heavy eyes and weary feet
  She walked alone—with men.

JACOB FISHER, IN *Everybody's.*

A little knowledge is a dangerous thing—sometimes. But the corrective of a little knowledge is not less knowledge, but more knowledge.

We recently read a report of a death from heart disease under odd circumstances. A hunter had shot a rabbit and thought he had killed it. It jumped just as he was about to pick it up and the nervous shock killed the hunter.

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What Animal Experimentation or So-called Vivisection Has Done for Humanity.

BY JAMES P. WARBASSE, M.D., NEW YORK.

Animal experimentation is employed for the purpose of adding to biological knowledge. It is directed to solving the mysteries of life and to aiding man in his mastery of the forces which deteriorate and destroy his body. When the great pioneer biologists showed that man is related to all living things, and that all are governed by the same natural laws, science was put in possession of means for solving human problems by interpreting the phenomena of one species into terms of another species.

The study of human biology was blocked by the traditional belief that man is something peculiar, created independently, cousined to the infinite, permeated by essences which have no relation to animals, and answerable to forces which reside outside of nature and which are not amenable to natural law. When science broke down these superstitions the barriers in the way of biological progress were removed.

The sciences which deal with living matter are now correlated. Protozoa, plants, mollusks, and vertebrates—all have their phenomena interpreted from one to another. Bacteria, plasmodia, and insects are connected intimately with the life of man. The lower vertebrates are found to be susceptible to the same diseases, and resist them by the same vital processes, as man.

It would be strange, indeed, unscientific and unnatural, if man, in quest of information concerning himself, did not take advantage of these great principles. To the credit of science, it can be said that he does.

In every biological laboratory, whether work is done with microscopic organisms or with larger animals, whether the studies are aimed to secure information concerning heredity and breeding, the effects of environment, or resistance to disease, animal experimentation is being carried on. In this line of research, practically all species of living things are employed—vegetable and animal. Among these creatures may be mentioned, as examples, bacteria, plasmodia, flies, mosquitos, fishes, pigeons, rats, guineapigs, cats, dogs, cows, horses, and monkeys,—and even men, for some of the most valuable information which humanity possesses has been secured by self-sacrificing men who have lent their own bodies for experimental purposes.

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* Read before the American Society of Medical Sociology, May 12, 1911.

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I shall not discuss the large field of animal experimentation, dealing with the science of biology in general, nor animal experimentation aimed towards improving and modifying the conditions of animals themselves, altho these represent the larger part of such work; but I shall take out of the subject for special consideration animal experimentation in medicine and hygiene, directed in the physical interest of mankind. Such investigations are in the nature of experiments in breeding, regeneration, feeding, researches in physiology, surgery and hygiene, inoculations with disease-producing micro-organisms to study the nature and cure of diseases, and inoculations for the purpose of producing immunizing substances. The experimental methods consist in the artificial modifications of breeding and feeding, in tests of functions of organs, in inducing diseases, in surrounding animals with artificial living conditions, and in operations. The greatly preponderating number of operations consist in the prick of a needle, introduced for inoculation purposes. A small part of animal experimentation consists in cutting operations.

The cutting operations which are performed upon animals for experimental purposes are few compared with the similar operations which are performed upon human beings for curative purposes. They are in general of the same nature, and carried out in the same way. The experimentor is desirous that the operation should progress smoothly and prove successful. He therefore employs anesthesia and the asceptic methods, and endeavors to surround the animal with the best conditions. The instruments and apparatus of the surgery of the research operator are the same essentially as those of the hospital surgeon.

So far as the personnel of the research workers goes, there is no class of scientists inspired by loftier motives; these men and women represent a high plane of human culture. In days gone by, when humanity was less kind and science was still under the incubus of superstitions, experiments were done which now seem crude and cruel, just as was the surgery of those days—and the theology, for that matter. Every age has its average of culture. At the present time none of these operations upon animals inflict unnecessary pain any more than do operations upon human beings. When one of those rare experiments is done which is bound to leave the animal in suffering, the anesthetic is increased and the animal killed.

In some experiments it is necessary for success that the animal shall be conscious and suffer pain, just as is sometimes the case with operations upon men. These operations are rare. They are rare because the work of animal experimentation is not a business but a scientific philanthropy. The workers, the world over, freely publish the result of their work so that all may have the benefit of what each is doing, and it does not become necessary to repeat experiments. It may be difficult for the

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business world to understand this free giving and co-operation. It is the glorious and unique quality of science.

Let us consider briefly some of the results of animal experimentation in contributing to medicine and hygiene.

Physiology, the foundation upon which medicine is built, occupies its high place in science because of animal experimentation. There is not a function of all the organs of the human body but has had light thrown upon it by this means; and many of the functions have been susceptible of discovery only thru such experiments. The actions of organs could not be discovered by the philosopher sitting in his easy chair and meditating about them, nor by the anatomist dissecting organs which had ceased to functionate. They must be observed in action.

The arteries derive their name from the fact that they were found empty after death and were supposed to contain air. Galen learned the truth by a simple experiment upon a living animal. He wrote "Whenever I injured an artery, blood always flowed." He then tied two separate ligatures about an artery, in a living animal, and found that the part of the vessel between them was filled with blood. Harvey, who first gave to the world (1628) a description of the circulation of the blood, said: "When I first gave my mind to vivisections as a means of discovering the motions and uses of the heart, and sought to discover from actual inspection, and not from the writings of others, I found the task so arduous, so full of difficulties, that I was almost tempted to think with Fracastorius, that the motion of the heart was only to be comprehended by God."

The circulation being understood, blood pressure was studied in the horse by Stephen Hales (1727). As a natural result experiments were done to find if in case of hemorrhage the lost blood could not be replaced. Boyle and Lewis bled animals and then introduced blood from other animals into their vessels. The experiments in this line may be followed for two centuries down to the present when Crile, experimenting upon dogs, has so perfected the operation of transfusion that blood may be passed from one person, who can spare it, to another, who needs it, with such certain facility that many lives are now being saved.

Our scientific knowledge of the respiration is founded upon such experiments. Robert Boyle experimented upon rats, frogs, snakes and insects, and showed that atmospheric air was necessary for their existence. Then Priestly discovered oxygen with Lavoisier, and proved the complimentary relation between animals and plants by enclosing a growing plant with a mouse, and demonstrating that the plant consumed the gases which the animal exhaled and the animal consumed that which the plant exhaled. Now man knows that the plants are his allies and that without their purifying effect upon the air he could not survive. By examining the blood in the pulmonary veins and arteries of

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animals the gases which are exhaled and inhaled were identified.

So we might go on thru the physiology of digestion and the functions of the liver, pancreas and other glands. The knowledge of the absorption of digested nutriment by the lymphatics dates from the day, in 1662, when Aselli exposed the mesentry of a living dog and saw a network of white lines under the peritoneum running from the intestine, which were never present in a hungry animal.

The whole subject of the internal secretions has been worked out by experimental means. It is thus discovered that the glandular organs supply certain substances to the blood which are essential to the economy. The pancreas, kidneys, ovaries and testicles, not only have their secretions which are discharged externally but internal secretions also. The thyroid, pituitary bodies and suprarenal capsules represent the ductless glands which have their internal secretions only. The destruction by disease or the removal of the organs gives rise to constitutional disturbances. Experiments have shown that it is possible in animals, suffering thus, to restore them to health by transplanting the necessary organs from another animal or by feeding with it. This information is now employed in man with striking results in some of this class of diseases.

The nervous system has been studied by these methods, and research is in progress which is bringing science close to the higher functions of the mind. Before animal experimentation was applied to the brain and nerves, man's conceptions of these were not only lamentable but grotesque. Slowly and patiently the truth has been reached. Paralysis, epilepsy, insanity, and the host of nervous and mental disorders are becoming better understood.

Medicine has been brought out of the dark ages by experimental research. The infectious diseases, which were once assumed to be due to "miasms", "humors" and other vague manifestations of mysterious forces, have in many instances had their causes discovered. Bacteriology and animal experimentation have combined to contribute knowledge of these diseases which is steadily bringing them under subjection. A great branch of science has grown out of these studies—the science of immunity and resistance—and parasitic diseases are now being combated effectively by entirely new means, made possible by animal experimentation.

The most hopeful prophylaxis and treatment of typhoid fever (for the authorities of government seem still unwilling to grasp the social significance of this preventable disease) rests upon the employment of a bacterial vaccine made by Sir Almroth E. Wright, which, after extensive employment in the British Army, has been widely adopted and is now materially reducing the mortality from typhoid.

Tuberculosis also has had its conquest largely contributed

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to by these means. Were it not for animal experiments we should still be groping in the dark in dealing with plague. The experimentors have sacrificed thousands of rats and many guinea-pigs, squirrels and fleas in discovering the nature of this disease. Let us see some of the things found out about it. The causative micro-organism, the *bacillis pestis,* has been discovered. It has been found that this organism lives in the blood and lymph channels of rats and certain other rodents. It is also found in the intestinal canal of the flea which infests these rodents. Experiments have shown that it is the flea which carries the germ from the rat to man. Before this knowledge was finally worked out a number of experimentors had sacrificed their lives in the search. Finally a preventive vaccine has been discovered. Of the experimentors some day it will be said, "They stood between the living and the dead, and the plague was stayed."

For cholera, an antitoxic serum has been prepared by experimenting on animals, and is now being used in India with good results.

Diphtheria was once the dread of mothers. It was the great destroyer of the young. Prior to 1883 in the largest eighteen cities in Europe and America, ninety-seven in every one hundred thousand of the population died of this disease; and the mortality was steadily increasing because of the increasing density of population. Then, as a result of experiments, the cause of the disease was discovered. That meant earlier and more certain recognition. The mortality in the same cities, in 1893, had declined to eighty-one. In 1894 it was seventy-nine. Then antitoxin, discovered by means of animal experimentation, was introduced, and the mortality from diphtheria in these cities has been reduced to twenty per hundred thousand population. The discovery of the causative organism and of antitoxin has cut down the mortality to less than one fourth of what it had been.

I can remember when surgeons were busy performing tracheotomy upon choking children. Every day I heard of them. Then intubation was hailed with great acclaim. Now the diphtheritic so rarely require these operations that among my own large professional acquaintance I do not hear of such an operation once a year.

In the city of Baltimore, in 1894, the reported mortality from diphtheria was seventy-four per cent.; in 1895, seventy-one per cent.; in 1896, fifty-one per cent. In 1897, antitoxin was introduced, and in the next year, 1898, the mortality was five per cent. In New York City, in 1893, the year before antitoxin was introduced, there were seven thousand cases of diphtheria reported with two thousand six hundred deaths, a mortality of thirty-six per cent. In 1898, the mortality was reduced to twelve per cent.; and in 1906, it was nine per cent. In the seventeen years in which antitoxin has been used in New York, fifty thousand children have been saved from death by this means.

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These figures are practically identical with those of London, Berlin, Paris, Liverpool, and other cities. One hundred thousand lives are being saved annually in Europe and America by diphtheria antitoxin. Besides lowering the mortality of the disease, a small injection acts absolutely as a preventive, and the well may be exposed without fear.

Within the past year I contracted virulent diphtheria. The false membrane developed in the upper part of the pharynx, but had not extended to the throat, where it might be seen, until the third day. I played with my children, and after being sent to bed, four of my children repeatedly romped with me. The disease was then identified. Antitoxin was given to every member of the household. The disease was checked. No other cases developed. Twenty-five years ago all of those children would have contracted diphtheria, and two deaths would have occurred.

The conquest of diphtheria has been preceded by years of patient, often discouraging, research; a large number of rabbits and guinea-pigs have been sacrificed, and now many horses are subjected to the inconvenience of receiving an injection of microorganisms, and having some blood drawn off at certain intervals. These horses in the service of humanity are sleek and well cared for, and take their daily exercise with as much apparent relish as do their richly caparisoned brethren who perform no more useful service than drawing a fluffy dame and a pug-dog thru the park on pleasant afternoons. Society will shortly forget about the scourge of diphtheria, the mothers who have stood by the bedside of choking children will have passed away; but we are near enough to it still to know what it has meant.

Yellow fever was conquered by animal experiments. The animals employed are mosquitos and men. Some day society will erect its monuments to such as Reed, Lazear, Carrol and their associates, the men who have saved, rather than to the warriors whose glory has been in direct ratio to the number of lives which they sacrificed. These men, studying the problem in Cuba, identified a certain species of mosquito as the host of the yellow fever germ. They slept on the bedding where yellow fever patients had died. While the rooms were screened against mosquitos, they were not able to contract the disease. They also allowed themselves to be bitten by mosquitos which had not had access to people suffering with yellow fever, and found that the disease was not transmitted. But one link to complete the chain of evidence remained, would a mosquito that had been fed upon the blood of a yellow fever patient transmit the disease to a healthy man. They believed it would; but positive proof was needed. There was no dearth of volunteers who offered themselves for this final test. Both Carrol and Lazear permitted themselves to be bitten by mosquitos known to be infected. Carrol recovered, Lazear died; Reed and Carrol have since died, exhausted by their labors.

The literature of the world contains no drama more inspiring

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than can be read in the letters of the modest, brave and gentle Dr. Walter Reed to his wife, written from the lonesome yellow fever infected camp in Cuba, in the long nights under the tropical skies where he kept the vigil by the bedsides of the men who were laying down their lives that our children might be spared.

The story of malaria is the same. The experiments were performed with mosquitos and the bodies of the experimentors themselves.

Cerebro-spinal meningitis is rapidly brought under control, first by the discovery of the cause, and then by the discovery of an antitoxin worked out at the Rockefeller Institute in New York. The hope of overcoming infantile paralysis lies in the same realm of research. Monkeys are found to be susceptible to the disease; and every effort is being made to secure from these animals information which can be translated for human aid.

Syphilis is one of the most important factors in race deterioration. By means of animal experiments (1) its cause has been discovered, (2) a method for diagnosis has been worked out, and (3) an effective treatment perfected.

Sleeping sickness in six years killed two-thirds of the population of Uganda—two hundred thousand people. Research workers went into plague stricken Africa and discovered the cause of the disease, the mode of transmission, and the means for its prevention. Thousands of lives are being saved annually by this knowledge; but how little does the world know of the work in Africa of Dutton, Todd, Castillani and Bruce, compared with that of General Gordon?

A whole group of diseases of a similar character due to trypanosoma, carried by insects, are now understood. Malta fever, relapsing fever, and yaws, have been studied.

Small-pox was treated by vaccination in remote times, but recently it has been placed upon a more accurate basis by animal experimentation. Experiments upon calves have shown that small-pox virus may be converted into vaccine virus by transmission thru several generations of cattle. Experiments upon calves have resulted in the discovery of methods whereby vaccine may be secured clean and in large quantities. Vaccination for small-pox has brought under control what was once one of the greatest of human scourges.

In London, prior to 1780, one out of every ten deaths was from small-pox. There were five thousand and twenty deaths annually from small-pox to every million of inhabitants. Then vaccination came into use. From 1801 to 1810, the number of deaths per million of population dropped from five thousand and twenty to two thousand and forty; in 1835, it was eight hundred and thirty; in 1871, it was three hundred and eighty-eight; in 1892, it was seventy-two. In all England the death rate from small-pox in 1897 was twenty.

The countries which have the largest proportion of vaccinated population have the lowest mortality from small-pox. These are

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Denmark, Norway, Germany and Sweden; and these are the countries which have the most stringent vaccination laws.

In Denmark the death rate from small-pox is 0.5 per million, in Russia it is four hundred and sixty-three per million. In Russia two hundred and seventy-five thousand people annually die of small-pox, who might be saved by vaccination—a culpable governmental sacrifice of human lives.

The effects of vaccination may well be studied in the Philippines. Under Spanish rule, it was necessary during the dry season every year to erect a large temporary hospital at Manila where the many hundred victims of small-pox might be cared for. Over fifty per cent. of the patients died. The six provinces near Manila have a population of about one million people. Dating back as far as records and memory run over 6000 deaths from small-pox occurred every year until vaccination was systematically applied by the United States Government. In 1907 vaccination was completed in these six provinces. Since that time not one person has died at Manila of small-pox who had been successfully vaccinated during the previous five years. Since June, 1909, there has not been a death from small-pox in Manila among any class. Since 1907, in the six provinces, not one person, who had been successfully vaccinated, has died of small-pox and but a few cases have occurred among all classes. Among these few cases not a death took place among those who had ever been vaccinated. This has been the general experience in the vaccinated provinces thruout the islands since the American occupation. The few deaths have been almost entirely among unvaccinated infants and immigrants! (Jour. A. M. A., April 8, 1911; Public Health Reports, March 10, 1911, p. 277.)

The knowledge of myxedema, cretinism, acromegaly, Addison's disease and diabetes have been developed by experiment upon animals.

Rabies (hydrophobia) is one of the most terrible of maladies. It has been observed chiefly among dogs, other domestic animals, and man. It prevails in all countries. It often becomes augmented into an epidemic. The histories of the epidemics are most instructive. Aristotle describes it more than three hundred years before the Christian era. Galen described it with scientific accuracy in the Second Century. A tradition has existed that the disease could develop spontaneously in starving dogs. The first recorded animal experiments were made by Radi and Bourgelat, who failed to cause the disease in hungry dogs. Hertwig inoculated thirty dogs with the saliva of dogs which had died of rabies, or were suffering with the disease, with the result that seventeen of the animals thus inoculated developed rabies. He also made experiments to discover if inoculation could take place thru the food or immediate vehicle, all with negative results. Rabies he found could only be introduced by inoculation into a wound directly from the rabid animal. Experiments are now in progress to discover if fleas can convey the disease from one animal to another.

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The most important knowledge concerning the disease was developed by Pasteur. He conclusively proved its infective character, and by great pains succeeded in making a serum which has the power to prevent the development of the disease in an inoculated man or animal. This discovery is saving thousands of lives. Every large city now has a Pasteur Institute where the preventive treatment is carried out. One of our best institutions is the Pasteur Institute in Baltimore, where, of the first one thousand persons treated, six hundred and thirty-two had been bitten by animals which were proved to be rabid by (1) the development of rabies in rabbits inoculated from them, or by (2) the development of rabies in other animals or human beings bitten by them. But two of the patients who completed the immunizing treatment died—a mortality of .2 of 1 per cent. The mortality among persons bitten by rabid animals has been reduced from ten or twenty per cent. to a fraction of one per cent. by means of the treatment worked out by Pasteur's experiments on animals.

Experiments have shown that no dog with rabies lives longer than ninety days. The disease could be stamped out entirely if every dog could be muzzled for that length of time. Australia has no mad dogs because of the application of this knowledge. Denmark, Sweden and Norway have entirely eradicated the disease.

It was Professor Felix von Niemeyer who said that, no one who expends sympathy on the poor dog and petitions against his being tied up or wearing a muzzle, is so inhumane but that he would be cured of his consideration for the poor dog if he could see but one human being with hydrophobia. In England the number of deaths from rabies among dogs and human beings has fluctuated with the enforcement of dog muzzling laws. When dogs were muzzled, rabies diminished; when the authorities listened to the petitions of the so-called "lovers of dogs", and relaxed the muzzling laws, rabies increased.

The disease has spread extensively in the United States. In the registration area in 1908, representing less than half of the country, one hundred and eleven deaths in man due to rabies were reported. This is undoubtedly much less than the real number because of the cases in children which are apt to be overlooked.

We might go on with the enumeration of arterio-sclerosis, snake-bite, hook-worm disease, filarial disease, and most other human ills, and we should find that experiments on animals have contributed greatly to man's knowledge.

Humanity is looking anxiously to this method of research to solve the problem of cancer. In New York State seven thousand people die annually of this disease, and it is believed to be increasing. In England one out of every ten women over thirty-five years of age dies of cancer. Study of the disease made slow progress until it was found that it could be transplanted

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upon animals. Now it is studied most successfully in mice by the exact methods of the laboratory. Already means have been discovered for producing immunity in these animals. Mice and dogs may now be cured of cancer. Some of the best scientific minds of the world are devoted to this question. Many observers believe that the solution of the cancer problem is in sight.

The action of drugs and poisons is learned by trying them upon animals. Reliable pharmaceutical manufacturers test their products upon animals. Sir James Y. Simpson learned the action of chloroform by trying it upon rabbits. The action of cocaine was tested in the same way. Is there any better way for science to learn the effects upon living things of new chemical products? The chemist Toynbee first tried prussic acid upon himself, and was found dead on his laboratory floor. That was the expensive method employed to learn that this substance is a poison. How else should we know?

In obstetrics, animal experimentation has resulted in the saving of thousands of mothers annually. In the preaseptic period one married woman in every thirty was destined to die of sepsis at childbirth. Animal experiments made possible an understanding and practical application of asepsis, and childbirth may now be conducted without this hazard.

The same may be said of surgery. To discuss this subject would mean a mentioning of all surgical diseases and operations. The lower animals are subject to most of the surgical ills, and the healing of their tissues is according to the same processes as are observed in man. It would be folly if man's intelligence did not take cognizance of these facts, and if serious operations, which were to be attempted for the first time, should not be practised upon animals instead of men.

Without animal experimentation all new surgical operations amount to vivisection upon man.

Thru experiments upon animals marvellous advancement has been made in the surgery of the nervous system, of the blood vessels, of the intestines and abdomen, of the bones and joints, and all other parts. The surgical infections are better understood; and the practice of surgery approaches close to an exact science.

The infective diseases are not peculiar to species and families of animals alone, but most of them are transmissible to other species and families. Thus the study of the diseases of animals is akin to the study of those of man. Animal experimentation has been brought to bear in combating all of these infections. There is not one but has had its dangers to both man and animal reduced, if not wholly wiped away, by these methods. These things are not accomplished by the student with his books. Scientific work requires contact and experiment with actual things.

Anthrax, hog cholera, chicken cholera, silkworm disease,

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Texas fever, pleuro-pneumonia of cattle, trichinosis, black-leg, glanders, etc., have all had their mortality lowered.

Animals and man are not only visited by the same infections, but animals transmit infections from one person to another. Dogs and cats carry contagion from one family to another. There are certain diseases which are known practically only in families which harbor dogs as a part of the household. Koch found tuberculosis present in more than twenty-five per cent. of birds confined in cages in human dwellings. Most monkeys under domestication contract tuberculosis. Flies, fleas, mosquitos, bugs, rats, mice, dogs and cats are the common domestic carriers of disease. These facts are learned only by animal experiments.

This is but a meagre view into the results of this department of scientific work. It is carried on at the present time largely by the experimental biologists. The results accruing are of incalculable value to humanity. The layman uses them, and the physician takes them with him to the bedside of the sick.

Nearly every medical discovery of great importance since Harvey discovered the circulation of the blood has been the direct or indirect result of animal experimentation. The understanding thru such experiments of the nature and of the means of transmission of malaria, yellow fever and other protozoal diseases is the knowledge which is now making the tropics salubrious, and is destined to open up to mankind a half of the land of the world which otherwise would remain scarcely inhabitable. It has helped rob disease, the air, and the soil of many of their mysteries, and aided in breaking down the superstitions which for ages have held mankind in bondage and fear.

Man is the only animal capable of the socialization which sacrifices none of its kind. This is the goal toward which he is tending. About him is a world of living things which prey upon him and upon one another. Some are harmless parasites. Some destroy him and thrive only by his destruction. Some are his allies. Some are indifferent to him. Those which would destroy him, he must contend against. Those which are his allies, he must discover and co-operate with. Life is a battle. Thousands of species have gone down to extinction. New species are appearing upon the field.

Human life should be the supreme object of human interest. Its aim is happiness. Knowledge which adds to this end is the eternal desideratum. To assuage the pains of the human body, to preserve it from decay, to enhance its beauty, to render it more capable of receiving and responding to the stimuli of joy—these are man's duties. The gladness of life rests upon a physical basis. To cast the light of knowledge against the dark places is the function of science; and to hold up the hands of science is the duty of society.

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The Future of American Medical Journalism—An Optimistic Outlook.*

BY WILLIAM J. ROBINSON, M.D., NEW YORK,
Editor CRITIC AND GUIDE, The American Journal of Urology, Medical Review of Reviews and Therapeutic Medicine.

Twice before I have had the honor of addressing this Association on the subject of American medical journalism—once in Boston in 1906, and once in Atlantic City in 1907. (See Transactions American Medical Editors' Association for 1906 and 1907, also CRITIC AND GUIDE, August 1906, and October 1907). The tone of my first address was optimistic, the character of my second paper was decidedly pessimistic. In the year 1907 things looked decidedly black for independent medical journalism in this country. The official journals—some of them—seemed inclined to assume a quarrelsome, aggressive, pugnacious attitude, threatening to swallow and devour the private journals of the country. Now the clouds have disappeared from the horizon, the warm conciliatory sun is again shining forth, and I am glad to be able once more to speak in a cheerful, optimistic tone.

Before proceeding further, permit me to quote a passage from my 1906 address to this association. In discussing the future of private medical journalism, I said: "And how about the private journal? What is going to become of it? I will tell you exactly, for I had that information given to me by a farseeing prophet. And you may be sure the information is correct. Many, many private journals will go under, will disappear. And a good thing it will be. For no honest man will deny that many so-called medical journals are a libel on the name of journalism. I do not refer at present to the advertising pages. I have spoken of that feature many times before. I refer only to the reading pages. And I say that looking at the reading pages of many of our journals, I feel like blushing for American journalism. Edited by men devoid of any general culture, men ignorant even of the first principles of medicine, and very frequently incapable of writing a dozen sentences in correct English, tho American born, such journals have no right to live, and the sooner they die, the better. They are not published for the purpose of disseminating truth, they are not published because the editor has a message to give the world—they are published simply for the purpose of making money for the Editor and Publisher. I have always held that the publication of a journal, merely as a money-making adventure, was an unjustifiable piece of business and should be frowned upon by the profession. A journal must have principles, ideas; the editor must be able to say *why* his journal is in existence.

* Read before The American Medical Editors' Association, at Los Angeles, Cal., June, 1911.

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Profit is a perfectly legitimate desideratum, but it must be a secondary consideration, and not the primary spring. To repeat: many journals will die—but only such journals as *deserve* to die. The rest, the *real* journals, will get a hustle on themselves; having to compete with the more advantageously situated Official Journal, they will be put on their mettle, and in order to stay in the field and keep their audience, they will have to get better and better and broader, and their motto will have to be: *Toujours en avant!* And such journals will live and prosper! For a great part of the profession will still prefer a private journal, with a living, pulsating, vibrating individuality behind it, to the vague, impersonal, slightly bureaucratic and occasionally tyrannical Official Journal.

It will thus be seen that there is no cause for pessimism, and for dark forebodings. Some State Journals that have a real raison d'etre will live and prosper, others, which simply sprang up mushroom like without any real demand, will die of inanition or will become "merged." Of the privately owned journals, many, unable to satisfy the demands of a more intelligent and more discriminating medical profession—and even the advertisers demand a higher standard—will go out of existence—unregretted, except by their owners. The other journals, possessing real stamina, will grow better and better and gain a stronger and stronger foothold. The result will be satisfactory all around: We will have fewer but better journals. A consummation devoutly to be wished for."

Let us see whether or not I have proved a good prophet. I said that the real journals would have to hustle, that they will get better and better, and that such journals will live and prosper. Compare the journals of five years ago and of to-day and see if it is not so. Examine, for instance, American Medicine, The American Journal of Surgery, The American Journal of Clinical Medicine, The Interstate Medical Journal, The Lancet-Clinic; not only do they show signs of great financial prosperity, which in a journal is a matter of secondary importance and is not anything to be particularly proud about; but the most prejudiced person will admit that intrinsically, in the reading matter, these journals have made remarkably gratifying progress. They are more firmly established, they are more useful, more valuable than they have ever been. Even the Medical Brief, which was at one time the most disgraceful representative of commercial journalism, is now quite a respectable, quite a readable journal.

And the same improvement that we notice in independent medical journalism, is distinctly in evidence in our official medical journals.

Their tone has become calmer, they have lost their pugnaciousness, they no longer threaten to swallow up all the independent journals, and what is more they are beginning to show a broader attitude towards social and ethical questions. The

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Journal of the American Medical Association is now a journal of which we may all be proud; it is not only the biggest all-around weekly medical journal in the world, it is also the best. Not only are the purely medical questions discussed in an authoritative, reliable way, but the questions of the day are treated in a bright, breezy and liberal manner. The same may be said of a number of State journals, such for instance as the New York State Journal of Medicine, the New Jersey State Journal, the Illinois Medical Journal, etc. The California State Journal has lost its combativeness but we cannot say that it has otherwise improved.

The improvement in medical journalism is very clearly seen in the new journals that have been established in the last five years. I cannot think of a single chip-munk commercial journal established during that time, just for the sake of making money. In fact the journals established during this period carry no advertising, thus showing conclusively that they are published for a real purpose. Such journals are the Archives of Internal Medicine, The Archives of Diagnosis, and the Journal of Diseases of Children. In short, both the old living journals and the newborn ones show a healthy, vigorous vitality and give promise of a long useful life.

So much for the living. I know that *de mortuis nihil nisi bene,* and so I will bare my head and speak in a respectful whisper. I stated that many journals which had no real editors and had no reason to live, would go out of existence. And very very many journals have gone out of terrestrial existence and are now reposing in their graves or urns. To enumerate all the journals that have gone out of existence during the last five years would take too much time, but the following little squib from the CRITIC AND GUIDE (January 1911) gives a list of those that have died last December:

Albright's Office Practitioner
The Chicago Medical Times
The Kansas City Index Lancet
The Toledo Medical and Surgical Reporter
The Gulf States Medical and Surgical Journal
The Journal of Physical Therapy
The Maritime Medical News

Since then Gaillard's Southern Medicine has also gone out of existence.

Tho it may not be nice to say so, the loss to mankind and to the medical profession thru the death of the above journals is infinitesimal.

Thus the strengthening of the existing journals, the birth of new strong journals and the weeding out of the unfit all make for a better and healthier journalism in this country.

I do not wish to imply that American medical journalism has reached the ideal state and that we no longer have any worthless publications. Not at all. Here, for instance, before

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me is a journal published in the South. It has the hardihood to claim that it represents the medical profession of the South. The journal was received today, that is the 6th of June, but it is the March issue only. That journal contains 14 pages of reading matter, 18 pages of advertising and cover. But in those 14 pages there is not *one single, solitary* line of original matter. I wish to emphasize the statement, by making it clear that the entire journal does not contain one paragraph, one line, one word of original matter. All the 14 pages are stolen, purloined or, let us use a milder term and say clipped, from other journals. Not a suspicion of an editorial, or of an original article, or of a translation, just scissors and paste pot.

Now, with the utmost inclination towards charity, we cannot refrain from asking: *cui bono?* What purpose does such a journal serve? What is its reason for existence? I tried to discover or to guess the reason, but have not succeeded. Perhaps the editor, for whom I assure you I have the utmost good will, knows the secret. And there are several such journals that simply disgrace the name of medical journalism. And it would be for the good of all concerned if such journals were gently deposited at the bottom of the sea. Perhaps the coming year will see their demise. It all depends upon the advertisers. If some advertisers become more discriminating some journals would go out of existence in thirty days. For there are several medical journals in this country that have not 50 bona fide subscribers, and only print 100 copies! This may seem strange news to some of you, but it is a fact. And it speaks well for the medical profession of America; it shows that our doctors have *some* discrimination.

To repeat: We are not yet entirely free from disgraceful specimens of so-called medical journalism, but their number is getting less and less every year. Another decade will see their complete disappearance. Which will give us all cause for rejoicing.

A word about the problems of medical journalism of the future. The profession itself is getting broader and is beginning to recognize that the prescribing of medicine is not the sole province of the physician. The more advanced part of the profession is beginning to perceive that prevention in the widest sense is of greater importance than cure; it is beginning to perceive the broad, economic basis of many diseases, their relationship to social conditions; it is beginning to perceive the psychic basis of some diseases, particularly the tremendous influence of the sexual sphere on our health as well as on all human relations. It is beginning to perceive the importance of these problems, and it is beginning to demand their free untrammeled discussion in their medical journals. And this brings to mind one important thought. Some of our self-constituted moral censors have on certain occasions shown a tendency to interfere with the absolutely free discussion of important sexual problems.

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They should be told in a voice that admits of no misunderstanding to keep their hands off! Whatever may be said in favor of a certain supervision of articles appearing in lay journals intended for general lay circulation, does not hold good with reference to medical publications. We can tolerate no censorship of any kind for one single moment. We, medical editors, must be *absolutely* free to discuss *any* problems we wish, in *any way* we wish. What to the untutored lay mind may seem trivial, unnecessary or obscene may be in the highest degree important and necessary; and as to obscene we recognize no such thing as obscenity in scientific discussions. All parts of the human body are equally pure to us, and the problems of sexual psychology are just as pure—and just as important —to us, as are the problems of dyspepsia or of cancer.

And it is my opinion that the American Medical Editors' Association can engage in no more important work than in securing for medical editors absolute, unrestricted, untrammelled liberty to discuss any and all problems which are of interest to the human race. And it is my opinion, further, that the American Medical Editors' Association should undertake the energetic and vigorous defense of any of its members, who may happen to get into trouble on account of an article that has appeared in the pages of his journal. The members of the Association should engage in this work of defending a fellow member for *altruistic* as well as for *selfish* reasons: for no editor can know when he may be the sufferer. Of course those Editors who prefer not to touch upon—or haven't the ability to—any vital problem need have no fear. But not all editors prefer to be living corpses; and besides, they will be forced to discuss vital questions in sheer self-preservation: the readers are beginning to refuse to read dead journals.

One summarizing paragraph:

The future of medical journalism in this country is bright and hopeful. We are making distinct and unmistakable progress from year to year. The progress consists in the improvement of the existing journals, in the birth of new strong journals and in the dying out of worthless, useless publications. The improvement consists not only in the better quality of the original articles, in the higher and more truthful tone of the advertising pages, but in the broader, more tolerant and more liberal tone of the editorials. Which is of great importance. The improvement is noticeable both in the private and in the official journals. There are still a number of worthless publications for which their editors would be at a loss to offer an excuse, explanation or apology, but those publications are rapidly losing in subscriptions and in advertising patronage, and with the growing intelligence of the medical profession and of the high-class manufacturers, their days are numbered. So on the whole we, who have the interest of medical journalism at heart, have cause to rejoice and the writer thinks he is fully justified in his optimistic outlook.

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Practical Therapeutic Points.

Experiment and Experience in the Practice of Medicine.

BY BEVERLEY ROBINSON, M.D., NEW YORK.

I scarcely ever go the rounds of hospital wards without seeing some new departure in practice based upon later experiments in the laboratory and upon which some new and for the moment satisfying theory of disease and treatment is based. Alas! very soon experiment, theory and treatment disappear and are substituted by something newer, altho perhaps no better, and the former methods are said to be erroneous and faulty in many particulars.

And so it is and so it has been repeatedly, during many years in my own observation and experience.

The older and conservative man when he makes doubting remarks as to the real utility of the new-fangled idea is met frequently with an incredulous smile from his younger brother, and even mild protest doesn't always prevail against revolutionary practice. Of course, among very many new things, a few remain because they are good—and, of course, to get good wheat, chaff must be winnowed or sifted.

I take it that the essential rôle of every new generation of workers is to be enthusiasts, and rightly so. But I take it also, that the conservative views of the old and experienced men are most valuable and important in pointing out lines which observation has shown time and again to be true. This is often admitted in argument, but not followed in practice. Up-to-date in my own knowledge and experience, the following are a few important statements among many:

In throat disorders of acute nature freshly powdered cubebs taken frequently and in moderate amount dry on the tongue, has been of more service to me than any other drug.

The local application of tincture of chloride of iron, diluted with glycerin, is a most valuable astringent and disinfectant in tonsilitis and diphtheria.

Creosote inhalations and moderate blood letting, especially with leeches, are extremely useful in the treatment of croupous pneumonia. Indeed, the application of a few leeches, locally, cannot be replaced by any other agent in many acute, painful inflammatory affections of different organs.

Rhubarb and soda, or rhubarb and magnesia, either in Mist Rhei et Sodæ or in Gregory's powder, are two most useful combinations whenever there are stomachal disorders with fermentation, or hyper-acidity.

Of all stomachal remedies *none* is equal, in general terms, to certain salts of bismuth—the best of which are the oxide and

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carbonate—the former now used in the so-called milk of bismuth.

Warm, moist applications after the application of leeches, or, frequently, when no leeches have been applied, are more soothing and more useful locally in appendicitis, pneumonia, pleuritis and endocarditis, than the now fashionable icebag.

Castor oil is of infinite value in many instances of intestinal disorder—pain, diarrhea, constipation, etc.—accompanied, or preceded, by a moderate dose of blue pill, or mercury with chalk, and does no harm, or "hardly ever."

The best and safest agents to abort a cold are aromatic spirit of ammonia and sweet spirit of nitre.

No case of obstinate malaria is treated most wisely until Huxham's tincture of bark, or Warburg's tincture, has been faithfully tried. Many obscure cases of fever, with or without recurrent chills, will yield to their use.

The best combination for mild counter irritation over chest or abdomen is obtained with turpentine and soap liniment, equal parts, sprinkled on warm flannel—with, or without, oil silk, or thin rubber tissue covering.

Trousseau's diuretic wine is the best combination for old failing heart and kidneys—in chronic Bright's disease and mitral regurgitation. It will reduce edema and prolong life—preceded by a few leeches over the precordium, when nothing else will. If it fail, our final resort is hypodermics of atropine and morphine, in small, or moderate amounts—to allay pain, nervousness, distress of mind—and indeed, to give a fillip to a condition otherwise hopeless.

In edema of lungs, bronchitis, asthma, pleurisy, pneumonia, when bleeding with leeches is declined, or eliminated, dry cupping—abundantly and repeatedly—is sovereign.

Compound tincture of iodine locally over chronically inflamed joints and all old adhesions elsewhere, is most valuable because of its special resolutive action—Iodide of iron *internally* in pill form, is also without a rival as a resolutive, or absorbent, in old adhesions, or to render effusions less threatening, notably subacute, or chronic ones of the pleura, and where no tuberculosis is proven.

To acutely inflamed joints—to contusions, sprains, even to open wounds—nothing equals alcohol, or spirit of camphor and water, unless it be tincture of iodine of suitable strength, properly applied.

Sulphate of quinine in moderate doses is of more value and does less harm than any other agent in prevention and helpfulness as regards obscure febrile disorders where there is suspicion of septicemia.

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Locally, to subdue pain where the skin is intact,—lanolin, menthol and methyl salicylate combined, and covered with absorbent cotton and a gauze bandage, are invaluable.

The electrotherm is often, also, very valuable and serviceable and a good substitute for the hot water bag, when pain is a prominent symptom locally.

Fixation of joints with a light splint, properly padded and applied, is essential at times to lessen pain and promote cure in joint affections—especially if they become at all obstinate.

Rest in bed in acute and chronic disorders, especially of heart and lungs—when fever is present, is invaluable at times, for a shorter, or longer period, which may be measured by hours, days, or weeks.

The modern use of vaccines, in different directions, is now hopeful, but they must still be employed with great good judgment and discrimination, so as *not* to be soon and unduly discredited.

To what is written much might be added, but, as given, I trust it may prove of service to my juniors.

The Prevention of Venereal Diseases.

BY MORRIS KORSHET, M. D., PASSAIC, N. J.

Until very recent times, the doctor has always been regarded as a writer of prescriptions. A patient coming into a physician's office received a slip of paper on which bad Latin was scrawled that no one but the doctor or druggist could decipher. This the patient accepted with child-like faith and implicitly trusted that it would immediately relieve him of all ailments. In fact, the Arab has a proverb that "the ink of the doctor is equally valuable with the blood of the martyr."

But doctors did worse things than this. They beat drums and chanted prayers and concocted all sorts of horrible mixtures to drive the "devil," "distemper" or "mortal error" out of the victim's system. Even in the seventeenth and eighteenth centuries, distinguished physicians compounded some very queer prescriptions. Thus Dr. R. Lower, who was the first to practise transfusions of blood, recommends the following for ill eyes. "Take two or three lice, put them alive into the eye that is grieved, then shut it close. The lice will certainly suck the web out and afterwards, without any damage to the patient, come out." Imagine treating gonorrhea in this fashion!

This same physician also mentions a form of treatment that should enshrine him in the hearts of believers in "absent treatment." "A receipt brought out of Turkey to cure a wound by annointing the weapon: Take a piece of rusty bacon, melt it with a pair of tongs in a dish and annoint the weapon with it,

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wrap it in a woolen cloth, and set it with the point upward; annoint the weapon twice a day. This will cure any wound that is curable." What a fine opportunity for the Beef Trust if this treatment were revived! Instead of forcing the poor soldiers to eat embalmed beef, their swords and bayonets could be "annointed" with it. The slaughter would be equally as great.

But the world does move and medicine moves with it. The doctor today not only cures disease but strives to prevent it. He has become the patient's adviser, friend and intellectual companion. The public, too, has become well informed in matters medical and the physician must be thoroly posted to inspire confidence. Instead of indulging in a solemn shake of the head, a glance at the tongue and a few hackneyed phrases, he must be prepared to discuss the disease scientifically with his patient. This naturally tends to eliminate the quack.

In the realm of venereal disease, the medical profession has taken a great stride forward. Time was when even physicians regarded the venereal patient as a moral culprit, a social outcast, a being who was justly punished for having committed a "mortal sin." The result was the patient drifted into the hands of unscrupulous quacks and charlatans. He invariably became a life-long sufferer and a confirmed doubter of all physicians.

Today the venereal patient is received with the sympathy and scientific candor accorded all patients. He is at once placed at ease and made to feel that his disease is not an infliction but an affliction—an affliction contracted during the performance of a perfectly natural function. He should no more be censured, snubbed or ridiculed than the man who develops tuberculosis or ptomaine poisoning. He should be as properly treated and as properly cautioned against contagion as the one suffering from any contagious or infectious disease.

Havelock Ellis has well said: "Sex is the central problem of life." It is the basis of life. Without sex there would be no life. The suppression of sex is highly injurious to both male and female. The crusty old maid and the testy bachelor are only outward manifestations of the revolt of nature. The psychiatrist and alienist see the rest of the ravages sexual continence inflicts.

Recognizing this basic principle, the United States Government instead of drafting drastic laws against sexual indulgence, has officially sanctioned the use of venereal prophylactics in the Army and Navy. In the Journal of the American Medical Association (April 15th 1911) Dr. Robert E. Ledbetter, Surgeon U. S. Navy has a paper full of interesting facts. At Cavite, Philippine Islands, where he is stationed, as at all other naval stations, the danger of neglecting or concealing venereal disease and the value of prophylaxis is explained in a series of lectures. The men are quick to take advantage of the instruction and treatment and the results are highly gratifying.

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Before venereal prophylaxis was instituted at Cavite, the percentage of venereal diseases of all classes among the men averaged from twenty-five to thirty per cent. annually, sometimes even higher. The percentage of gonorrhea has been reduced to eight per cent. annually, including about thirty patients that did not report for treatment. Chancroid was reduced from five per cent. to two per cent, including two patients not reporting for treatment. Syphilis was reduced from about twenty cases annually to one case for the entire year 1910, and this patient did not report for prophylactic treatment.

After an experience of several years, Dr. Ledbetter finds that if treatment is instituted within twelve hours after contact there is practically no danger of contracting venereal disease. The treatment seems to be of special value in syphilitic contacts. He believes it to be a positive preventive if employed early and thoroly. His percentage of failures has never been over two per cent.

These results are indeed encouraging and should bestir physicians in private practice to urge the necessity of preventive treatment to their patients. What has been accomplished in the Navy can be done in civil life, tho the task is an infinitely harder one. In this work, physicians should carry on a campaign of education in the press and on the platform explaining the danger of venereal disease and the urgency of reporting to a physician for prophylactic treatment not later than twelve hours after contact.

When the people will realize that syphilis murders and maims hundreds of children and gonorrhea destroys the health and procreative function of thousands of women; that forty to eighty per cent. of the inflammatory ailments of women suffer from are of gonorrheal origin; that twenty to thirty per cent. of blindness is due to gonorrhea; that syphilis is responsible for forty per cent. of abortions and miscarriages and that gonorrhea is the cause of at least forty-five per cent. of sterile marriages, they will awake to the enormity of the venereal peril and co-operate with the medical profession in stamping out the dreadful scourge.

There are those, even among the medical profession, who will contend that the use of venereal prophylactics will bring about an increase in immorality; that with the removal of the possibility of contracting disease, men will expose themselves indiscriminately. The same argument was used when the discovery of Salvarsan was announced.

This deduction is purely sentimental. It has no scientific basis whatever. The fact is, that disease induces immorality. Disease weakens the will power and predisposes men towards excesses of all kinds. To put it axiomatically, disease breeds immorality and immorality breeds disease. The healthy man is es-

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sentially a moral man. A healthy organism craves no excesses like the diseased or impoverished organism does.

Venereal prophylaxis will make for health and physical and mental efficiency. It will, if anything, decrease immorality. By drawing attention to the danger of venereal disease and the necessity of maintaining the highest degree of health attainable, venereal prophylaxis will be a great factor in the rational regulations of sexual indulgence and should be ranked as one of the greatest blessings conferred upon the human race.

171 Columbia Ave.

Sexual Continence.

BY EDWARD C. RANFT, NEW ROCHELLE, NEW YORK.

It is difficult to understand just what Dr. Warbasse, in his article on "Sexual Continence" in THE CRITIC AND GUIDE for June, means and how it is an answer to Dr. Robinson's article in THE CRITIC AND GUIDE for February.

The question that Dr. Robinson propounds is: "Is sexual intercourse necessary to the individual, is absolute continence injurious to health?" and he says it is not a question which admits of a categorical answer, applicable to everyone, but, answering in a general way, he says emphatically, that absolute continence is injurious.

Dr. Warbasse starts out by saying that "it is undoubtedly true that idle men living under abnormal and unhealthful conditions of city life, lending themselves to erotic stimuli of great variety, thinking lustfully of women and rolling their eyes about for libidinous suggestions are promoted in health by completing the sexual act which they always have in process of beginning. It is not coitus that preserves their health, it is the preliminary vicious habits that are damaging it." And, further, Dr. Warbasse says: "To concede that coitus is essential for the health of unmarried men is to concede the desirability of a chain of social conditions which are the concomitants of the concession." If coitus is not essential for the health of the unmarried man how does it become so after he procures a marriage certificate? And Dr. Warbasse continues: "All that has been said of men may be said of women. They are harmed quite as much as men by empty minds, ennui, idleness and erotic suggestions.... the true remedy in both cases is normal social love and marriage." Therefore, according to Dr. Warbasse, normal social love and marriage are only for those idle men and women, lending themselves to erotic stimuli, thinking lustfully and rolling their eyes about for libidinous suggestions, whose health is not preserved by coitus but damaged by their preliminary vicious habits, for, why should the healthy young man, who, according to Dr. Warbasse, does not suffer from mere lack of coitus and who does not harbor the delusion of the sexual necessity, why should he, "argue that some day he shall marry" and that "somewhere in the world

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the woman is waiting for him, who has resolved that he shall expect virginity of his bride and that she may expect the same of him?"

It does not follow that to concede that coitus is essential for the health of unmarried men is to concede the desirability or the necessity of prostitution, its regulation and legalization. Extra-marital prostitution will exist so long as its twin, legal marriage, exists and so long as we think with Dr. Warbasse that "a man should have sexual intercourse with none but his wife and that, if he have no wife, he should remain continent;" that, "if he does have extra-marital relations, it is a moral and a social degradation of a woman who otherwise would live rightly; that, in such relations, there is wasting of time and energy in unprofitable company, the subtraction of just so much joy and devotion from the woman who should or will stand in the proper relation of wife, and the cultivation of immoral society."

Certainly, it is much better that a man should have sexual intercourse with none but his wife, he should converse with, look upon, shake hands with, smile at, and certainly, kiss no other, for according to Dr. Warbasse, this is all a part of the sexual chain, infusing the mind with gratification altho no libidinous impulse arises and "very easily from one state may the stimulation pass on to the next, the next, and the next, until the great sexual act is complete and a babe lies nestled at its mother's breast" and "to start the chain of impulses means that the end is already in sight." A man should have absolutely no other society than that of his wife and if he have no wife he should remain continent and "continence is abstinence from sexual love and its greater stimuli;" it matters not how little he enjoys his wife's company nor how much he desires that of another, nor how much happiness unmarried people find in each other's company, he will be "wasting time and energy in unprofitable company," be "subtracting just so much joy and devotion from the woman who should or will stand in the proper relation of wife," be "cultivating immoral society" and "causing the moral and social degradation of a woman who otherwise would live rightly," if he indulge in any extra-marital intercourse. And, by all means, let us have all legitimate children, it does not matter much how little a married woman desires them, her duty is with her husband, nor does it matter much what the quality of the children, it is much better to have ill-formed, undesired children of lust, born in lawful wedlock, than perfect, welcome, illegitimate children of love with a moral blight attached.

Not only do I think that prostitution will exist so long as we agree with the sentiments expressed by Dr. Warbasse, but that only by freeing ourselves of the marriage superstition, will sexual diseases be eradicated. A few years ago I wrote to the Editor expressing my surprise at finding no remedy suggested by anyone in THE CRITIC AND GUIDE for the abolition of sexual diseases, which are increasing to such alarming proportions. I

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called his attention to Lois Waisbrooker's writings, her contention, that if woman received the sexual embrace only when and from whom she desired, sexual disease would be unknown and her statement that she had never met a physician that contradicted her, and I said that, if her arguments were sound, the remedy was the sexual freedom of woman, that a woman in the relation of wife, who had sexual duties to her husband could not be free, and that I could not understand how he could be such a champion of legal marriage. His reply was that, as to the free-love idea, the matter would be quite simple if we were all childless and that children put an entirely different aspect on the problem, and that "Mrs. Waisbrooker did not know what she was talking about, which was generally the case when laymen tried to meddle with medical matters. What has the germ of gonorrhea or syphilis to do with love? If the germ is deposited it will cause infection, love or no love." And yet he said shortly after in THE CRITIC AND GUIDE: "In all infectious diseases bear in mind that the soil is as important as the seed. The tissues must be in a favorable condition for the development of the germ before the mischief called disease can develop." And are not the psychic states of love and no love, attraction and repulsion, more potent factors for health and disease than the physical condition of the tissues? If the logic of free-love is sound, children do not make it otherwise, and if this ideal cannot be lived under our present economic system, so much the worse for the system.

Some conspicuous expressions of radical thought on the marriage relation have of late appeared in medical and sociological works. Havelock Ellis, in the sixth volume of his "Studies in the Psychology of Sex," after saying that the system of fixing marriage beforehand for a term of years involved exactly the same principle as the system of fixing it beforehand for life, continues: "For, there can be no doubt about it, the intimate and essential fact of marriage—the relation of sexual intercourse—is not and cannot be a contract. It is not a contract but a fact, it cannot be effected by mere act of will on the part of the parties concerned. To will such a contract is merely to perform a worse than indecorous farce. Certainly, many of the circumstances of marriage are properly the subject of contract to be voluntarily and deliberately made by the parties to the contract. But the essential fact of marriage—a love strong enough to render the most intimate of relationships possible and desirable thru an indefinite number of years—cannot be made a matter for contract. Alike from the physiological point of view and the psychological point of view, no binding contract—and a contract is worthless if it is not binding—can possibly be made and the making of such pseudo-contracts concerning the future of a marriage, before it has ever been ascertained that the marriage can ever become a fact at all, is not only impossible but absurd."

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THE THERAPEUTIC GUIDE

Valuable Original Briefs on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medico-Historical Facts.

Atophan in Gout.

Atophan, which is chemically phenyl-chinolin-carbonic acid, has recently been introduced as a remedy in acute and chronic gout, in which conditions Prof. Weintraud (*Therapie d. Gegenwart,* March 1911) has used it with good results. It is also recommended in acute articular rheumatism.

Salvarsan in Small Doses.

Lesser thinks that in using salvarsan the aim should be, not to kill all the spirochetes at one stroke, but to tone up the organs and enable them to manufacture the necessary antibodies. Therefore he gives small doses. He uses salvarsan just as the insoluble mercurial salts are employed, giving injections of 0.1 gm. once a week, in suspension in oil of sweet almonds. After the sixth injection the Wassermann test is applied. If positive the treatment is continued. When permanently negative the disease may be regarded as inactive or cured.

Ichthyol in Respiratory Affections.

Ichthyol is a valuable drug in the treatment of affections of the respiratory tract. After the subsidence of an acute bronchitis it will act most advantageously. It may be given in peppermint water. Five minims is an average dose.

Alcohol Dressings.

A writer in *Therapie der Gegenwart* recommends for phlegmon, furunculosis, erysipelas, gout, arthritis, neuralgia, herpes zoster, etc., the use of dressings with gauze dipped in 70- to 90-per cent, alcohol, the gauze being folded eight or ten times and covered with waterproof tissue.

In intestinal, renal and vesical hemorrhage gallic acid is vastly preferable to tannic acid, because much less soluble than the latter.

In malarial cachexia ergot combined with quinine will often act when quinine alone fails.

In rebellious cases of malaria one injection of atoxyl may prove more efficient than a pound of quinine.

To heal most cases of leg ulcers: confinement to bed and the application of equal parts of diachylon ointment and olive oil.

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Give potassium of iodide whether the case is syphilitic or not. Under this treatment extensive areas will heal at an extraordinary rate.

In purpura give calcium lactate in 15 grain doses and thyroid extract in three grain doses, t. i. d. Give the calcium after meals and the thyroid extract an hour before.

Phosphaturia may be reduced by the administration of calcium carbonate in two grain doses t. i. d.

Different Fears or Phobias.

Agoraphobia—fear of public places or crowds.
Claustrophobia—fear of close places.
Mysophobia—fear of dirt and contamination.
Aerophobia—fear of high places.
Pyrophobia—fear of fire.
Nyctophobia—fear of the dark.

Nucleic Acid in Cholera.

(A. G. Pissarev; abs. *Semaine Medicale*, Oct. 12, 1910.)—A number of cases of cholera were treated by injection of sodium nucleate, 5, 8 or 10 per cent. in normal saline solution, together with nucleic acid *per os* in doses of 0.15 gramme (2½ grains). The injections were given once or twice daily, and the nucleic acid in cachets three or four times daily. Only three deaths occurred in eleven grave cases. The usual therapeutic treatment of cholera was adopted at the same time, such as warm baths, etc.—*The Prescriber.*

Drunk on Glycerin.

A case of glycerin addiction is reported by Dr. Schmey of Berlin (Referred in Am. Journ. of Clinical Medicine for January). The patient, a young man, drank from twenty to thirty ounces of glycerin every day. This had been going on for many months and began with the idea that it was of particular value as a nerve tonic.

The victim claimed to experience great exhilaration after its ingestion, comparing it with alcohol, only more pleasing in its effects. A few hours afterward the exhilaration turned to depression, and he had to lie down and sleep. He had become very irritable, was pale and jaundiced, his appetite declined, and he was erratic in his work and ideas. His thirst for glycerin was very intense, and he refused to abstain, seeking every means possible to procure the stuff. The liver was found to be enlarged, and the heart somewhat feeble, but beyond general anemia, there was little to mark him as an addict. He took no medicines and seemed to be functionally in a fair degree of health.

This evidently is one of those anomalous cases where the victim is likely to turn from one addiction to another from the slightest exciting cause. It should be remembered that, chemically, glycerin is an "alcohol."

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In Cerebral Embolism.

In cerebral embolism and thrombosis venesection is contraindicated. Strophanthus is indicated in embolism, glyceryl nitrate in thrombosis. The aromatic spirits of ammonia may be employed. Potassium iodide should be used to relax arterial tension in the later stages. Bear syphilis in mind.

Electricity After Poliomyelitis.

Begin galvanism of the affected muscles two or three weeks after recovery from acute poliomyelitis; begin faradism of the unaffected muscles at the same time. Apply the electrodes at first without any current, in order to gain the child's confidence. The combined current is the best way in which to apply electrical treatment. For the first month two or three treatments a week are enough, after that daily for a month. Then an interval of two or three weeks should be allowed, when another month's treatment is started. This is carried on at intervals for a year at least.

In Gastric Irritability.

For the gastric irritability incident to acute catarrhal jaundice sodium bicarbonate affords relief. It should be given in watery solution. Cerium oxalate also acts well.

In Hematemesis.

In hematemesis thirty-drop doses of adrenalin chloride solution in a small quantity of water usually acts well. The one to one thousand solution is the one employed.

Orthoform in Gastric Ulcer.

Orthoform can hardly be excelled for the relief of the pain of gastric ulcer. Murdoch goes so far as to say that gastric pain which is relieved by this drug indicates the existence of ulcer. Thus it has a diagnostic value.

To Reduce Intussusception.

To attempt reduction of intussusception by the use of a catheter and bellows we consider inadvisable. Inversion and the injection of saline solution, the bag being held two or three feet above the patient, is a much safer procedure. The former method has succeeded under anesthesia, but we think the injection treatment wiser. After reduction is effected give fluid diet and opium for several days. Of course laxatives cannot be used.

Atropine in Intestinal Obstruction.

In the treatment of intestinal obstruction atropine sometimes acts successfully. It should be given in does of 1/100

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of a grain, hypodermatically, three or four times in twenty-four hours, its effects being very carefully watched.

Marshall believes that salvarsan is indicated chiefly in cases of syphilis which mercury has failed to influence—and such cases are rare. He does not think that salvarsan can replace mercury and denies that there is any proof that it can abort syphilis. Its rapid effects in certain cases are often only temporary, and its dangers are very great.

C. F. MARSHALL, in *The Lancet* (London), Feb. 25, 1911.

Hemorrhage from the Bladder after Operations on the Rectum.

In a communication to the *Berliner Klinische Wochenschrift* Dr. Hadda draws attention to the frequency with which operations on the rectum are followed by blood in the urine and cystitis. Of 153 patients undergoing rectal operations ninety-four, or 61.4 per cent., had to be catheterised, and of these forty-five, or nearly 50 per cent., had urinary trouble, that is to say, four had simple cystitis, forty had hemorrhagic cystitis, or hematuria without cystitis, and one had an abscess of the prostate. The hematuria generally appeared from the third to the sixth day after operation. In half of the cases the cystitis began with a severe hemorrhage, with the other usual signs of inflammation of the bladder. At first the urine appeared to contain blood only, leucocytes appearing later. The hematuria generally ceased about the third to the fifth day, and after that there was only an ordinary catarrhal cystitis, which cleared up in the course of two or three weeks. The author attributes this complication to the anastomoses between the rectal and vesical veins, rendering easy the passage of germs from the one part to the other and facilitating thrombosis of the vesical venous plexus. He also suggests that the coprostatis which usually follows rectal operations may also cause a migration of bacilli thru the intestinal walls.—*The Hospital.*

Lactic Ferments in Gynecology.

(F. S. Mason: *Amer. Jour. Clinical Medicine,* Oct. 1910).—The author suggests the use of a dusting powder made by crushing the commercial lactic ferment tablets and adding 50 per cent. of sugar of milk. In vaginal and uterine discharges the parts should be thoroly cleansed, and the dry powder of lactic ferments dusted in, the vagina being lightly packed with dry absorbent cotton. In leucorrhea and in acute gonorrheal infection one or two such dressings should be made daily.

Removal of Adhesive Plaster.

E. J. G. Beardsley, Philadelphia (*J. A. M. A.,* January 28), mentions the difficulty often experienced and the pain and discomfort to the patient in the removal of adhesive plaster, especially over hairy parts. He accidentally discovered that oil of

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wintergreen applied directly to the plaster spreads thruout the adhesive material and causes it to come away readily and painlessly. When extensive areas are to be removed the application of an ointment of adeps lanæ hydrosus, with 10 per cent. of oil of wintergreen incorporated, is even more useful than the oil alone.

In Paroxysmal Pulmonary Edema.

Stengel reports prompt results from the hypodermatic injection of morphine and atropine in the early stage of paroxysmal pulmonary edema. He gives ¼ of a grain of morphine and 1/250 of atropine.

Hydrogen peroxide acts well as a hemostatic in epistaxis.

After the removal of tonsils orthoform dusted on the sore surfaces (insufflated) will permit of the painless swallowing of food.

Strychnine will often clear up functional murmurs, hence has a diagnostic value, so used.

In chloroform collapse flagellate the epigastrium with wet towels and practise rythmical traction on the tongue.

Sodium bromide will relieve the itching of urticaria. Give it in thirty grain doses.

Enlarged Supratrachlear Glands not Pathognomonic of Syphilis.

Little diagnostic significance is usually attached to enlarged axillary glands in examining for syphilis, because such enlarged glands are found in many people undoubtedly free from any syphilitic taint. But enlarged palpable supratrachlear glands have generally been considered almost pathognomonic, and we have no doubt that many a case has wrongly been diagnosed as one of syphilis, on account of the finding of those enlarged glands. It seems, as we have felt for a long time, that as a pathognomonic aid this sign must be discarded. Grosser and Dessauer (*Münch. Mediz. Wochenschrift*) examined 1897 children and found enlarged palpable supratrachlear glands with equal frequency in children who were the victims of inherited syphilis and in those suffering with rickets.

"*Collargolum* in *Urology, Dermatology* and *Radiology* of the *Urinary tract*" is the title of an attractive booklet just published by Schering & Glatz, 150-152 Maiden Lane, New York.

It contains in compact form up-to-date information of interest to every physician engaged in genito-urinary, dermatological or X-Ray work. A copy will be mailed upon request. A limited edition only has been printed.

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Alkalies to Protect the Kidneys During the Administration of Salicylates.

Dr. O. Glaesgen (*Münch. mediz. Wochens.*, May 23) found that the administration of salicylate as a rule caused some albuminuria, but that this could be prevented by the simultaneous administration of alkalies, such as sodium bicarbonate. About twice the dose of the alkali as of the salicylate was required and given the daily doses of 90 to 150 grains the sodium bicarbonate did not seem to produce any injurious effect. In fact this daily amount was necessary to neutralize the acidity of the urine. The therapeutic effect of the salicylic preparations did not seem to be modified by the administration of the bicarbonate.

Treatment of Obstinate Hiccup.

Jödicke reports (*Mediz. Klinik*, May 28) a very serious case of hiccups where the patient was so exhausted that he had to be brought to the hospital. After various measures had been tried, he had the legs flexed on the abdomen and pressed them against the abdomen so that the intestines were forced up against the diaphragm as much as possible. The hiccups became at once weaker and the intervals longer and in ten minutes they had ceased entirely. They began again after two hours but were arrested anew by the same measure. The principle is the same as Kannegiesser's method of forcing up the diaphragm by the gases formed by effervescence in the stomach. Jödicke has applied his method again in several other cases and with equal success. Rethy reports good effects also from pressure applied along the entire spine.

The Favorable Influence of Quinine and Urea Hydrochloride Hypodermically in Acute Pneumonia.

At the last meeting of the Association of American Physicians, Dr. S. Solis Cohen read a paper with the above title (*Boston Med. and Surg. Jour.*): There is a tradition that quinine given early will abort an attack of lobar pneumonia. In an early experience of the writer's 60 gr. of quinine sulphate given in error in a period of six hours, beginning two hours after the initial chill, apparently acted in this manner. The revival of the quinine treatment of pneumonia by Galbraith in 1904 led the writer to employ the double hydrochloride of quinine and urea, with which he has had such favorable experience in the treatment of malaria. From 6 to 10 gm. according to effect, are given in from forty-eight to seventy-two hours. Chinchonism does not develop. Temperature and pulse fall gradually and proportionately, and respiration more rapidly, with a tendency to restoration of the normal pulse-respiration ratio. Blood-

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pressure remains stationary or increases; cough diminishes; breathing becomes relatively easy; delerium abates or disappears. Crisis does not occur. Termination is by lysis at about the ordinary time, five to eleven days.

Percussion and auscultation signs are uninfluenced. Involvement of new areas may take place during treatment, with return of symptoms, necessitating new injections. Pneumococcio empyema has occurred. The pathologic processes in the lung would thus appear to evolve in the customary manner, unmodified by the treatment—which is apparently not germicidal and is without effect on tissue changes, but is chemical and antitoxic. Fresh air, water, saline infusions and symptomatic medication when needed were associated with the quinine treatment.

For Chapped Hands and Lips.

Menthol .....10 grs.
Salol .....15 grs.
Olive Oil ..... 2 drams
Woolfat ..... 6 drams
Apply 3—4 times a day.

For Chancroid.

Potassii Permangan. .....gr. xx
Aquae .....ʒi
S. Apply with a cotton swab 3 times a day; after each application dust on some bismuth subgallate, aristol or airol.

BOOK NOTICE

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Dr. Wm. J. Robinson, Pres.,
Am. Society of Med. Sociology.

Dear Doctor:—As I do not live in New York, I was deprived of the opportunity to attend your meeting last Saturday, which, I am sure, would have been of great benefit to me. I take the liberty to write to you of my personal experience with "limitation of offspring."

I am the father of nine children, born in two marriages within the period of twenty-four years. Of these, four were brought into the world in the old-fashioned way and five represent the results of experimentation with as many methods of prevention of conception. In addition to that I have for years practiced "coitum interruptum." At last, at the age of 51, I need not fear any further increase of my progeny, as I have lost the capacity for cohabitation, altho otherwise I am apparently in good health and fairly strong.

It is idle to talk of limitation of offspring, so long as medical science has not discovered any other sure method than abortion.

It is true that various current methods of prevention present varying percentages of safety. But here is a problem in the theory of probabilities for you. Assuming that a given preventive insures 99.9% of successful prevention,—if a married couple will copulate 1000 times, there is one chance for the woman to become pregnant. A healthy young couple may easily indulge, say, 250 times a year, which will involve the chance of one pregnancy in 4 years. Thruout 20 years of married life, there is a probability of five children to each woman.

I wish you would discuss this subject, as far as our press censorship will permit, in "The Critic and Guide."

Very truly yours, Prof. X.

Dear Dr. Robinson:—Permit me to add my word to the "line upon line" already printed in The Critic and Guide in re the limiting of the families of the mentally, morally, physically and financially unfit.

To my mind "Charity" is defeating its own ends both thru its positive and negative encouragement of further pauperization. It offers the vilest parent a loophole for responsibility and keeps alive those that should never have been born, thereby maintaining a permanent drain for its resources in one altogether hopeless direction.

Why this tremendous interest in the lowest grades of humans and such, comparatively, great disregard for the welfare of the struggling middle classes?

The syphilitic parent is a curse to humanity and should be exterminated, and, with all due respect to those who split the straw of Germ or Diathesis, the tuberculous parent should not be allowed to juggle with the destiny of offspring with such odds against it.

The doctor and the priest are to blame for the continuance of the diseased and delinquent among us. Either could have limited the supply and together they could have shut it off entirely.

Fees and titles, forceps and crucifixes, obstetrical manias and religious superstitions have fostered to legion the crop of idiots, criminals and monstrosities.

A few treatises on The Uses That Soap And Water May Be Put To would do away with the necessity for more volumes on The Treatment Of Syphilis, make Charity Organizations obsolete, and at the same time knock off several figures on the total taxation for Reformatories, Asylums and Prisons.

Lurana W. Sheldon.

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PRAISED BY SOME, BLAMED BY OTHERS, DISDAINING THE FOOLS
BRAVING THE WICKED, I HASTEN TO LAUGH AT EVERYTHING . . .
FOR FEAR OF BEING OBLIGED TO WEEP

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

1 year, $1.00 - Single copy 20c. - Foreign $2.00

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XIV NEW YORK, OCTOBER, 1911. No. 10

EDITORIALS AND EDITORIALETTES

NAPRAPATHY—A BRAND NEW FRAUD.

Even as the sun rose while Chantecler overslept himself and forgot to crow, so it seems the United States is making progress even while I am away.

For during my absence in Europe, our country has seen the birth of a brand-new system of medicine. Yes, rejoice, brethren! An entirely new system of medicine has arisen on the medical horizon, a system so immeasurably superior not only to scientific medicine, but also to homeopathy, eclecticism, osteopathy, chiropractic, Christian Science, etc. etc., that all these are already paling into insignificance. Even as the stars pale at the approach of the sun. The name of the new system is Naprapathy. As you may be uncertain as to the proper pronunciation of the name, which is not yet to be found in any dictionary, the sponsors of the system obligingly supply the key. Under the name of Naprapathy you will find the following legend: "Think of Napoleon then say Na-prap'a-thy and you have the pronunciation."

As to the real essence of the system, why, it is like all the modern systems, only more so, simplicity itself. All you have to do is to say "ligament" and you have it. Contrary to the despised regular scientific physicians, who are laboring under the delusion that there are hundreds of causes of disease and that sometimes even one disease is the result of a number of causes, contrary to the teachings of the more advanced physicians known under the name of osteopaths, who teach that typhoid fever, pneumonia, diphtheria, ulcer of the stomach, cancer, etc.

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etc., are all due to one cause: maladjustment of the bones, contrary to the eminent philosophers known as Christian Scientists who teach that all disease is an error of the mind, the Naprapaths (think of Napoleon and you will—not— have the pronunciation) have discovered that all disease resides in the ligaments, in the connective tissue. No connective tissue, no disease. Perfectly true.

The Naprapath-in-Chief, the discoverer of the new pathology and the immortal founder of the system is one Oakley Smith. Don't think he is a common untitled layman. No, he is a D. N., which means of course Doctor of Naprapathy. Isn't it beautifully simple? Invent a new "system," give it some crazy, idiotic name, then call yourself doctor of—whatever the fake may be—and you are a doctor. No use wasting money and eight to ten years of study in acquiring a degree.

By the way, before I forget it. Do not confuse N. D. with D. N., for N. D. means Naturopathic Doctor, while D. N. is Doctor of Naprapathy. Do we not live in a gloriously free country?

Is there another spot on the face of our globe where impudent, utterly ignorant, in fact, illiterate scamps are so free to rob, torture and prey upon the most helpless, the most defenseless part of the public, namely the sick?

Not that there are no quacks in Europe; there are plenty of them. But here is the radical difference. In Europe the quacks are made to keep their place. There must be no sailing under false colors. They may treat patients, in minor cases, but the prison would swallow them up very quickly, if they dared to represent themselves as doctors. They must tell the patients that they are *not* doctors, that they are laymen, while here in this country no word is more prostituted than is the word doctor. Every charlatan, every scamp, every bunco-steerer and confidence game man can call himself doctor.

If it isn't doctor of medicine, it is doctor of some fancy or meaningless word—doctor of naturopathy, of chiropractic, of panopathy, of naprapathy. It is all the same to those quacks, as long as they are permitted to call themselves "doctor," for the ignorant public thinks, that all doctors are alike. Simply different schools. It is a shame. It is an outrage. The word doctor should stand for something definite, and no mountebank or scamp with predatory instincts should be permitted to prostitute it to his base purposes.

But to proceed. Do not think that Oakley Smith, D. N., who has discovered how to "heal any sickness which has known no cure by other methods" is a selfish individual and wants to keep all the wonderful life-saving, money-making knowledge all to himself. No, he is an altruist and he has organized a college called the Oakley Smith College of Naprapathy which is situated in the City of Chicago. And before I go farther, I would

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call attention to this other instance of prostitution of words to base uses.

Every fake institution, every humbug school, where fools are separated from their money, in exchange for a worthless piece of paper called a diploma, is permitted to call itself a College. This is not as it should be. The word college should stand for something definite and varlets and harlots should not be permitted to drag in into the mire.

And after you have taken a course at the College of Naprapathy, you will make a lot of money. So the fellow tells you, and he has some testimonials. Here is a copy of one of them:

"Oh, Doctor, I never realized that I would have so much work in so short a time. I really wanted to rest as you know, but it seems that most of these patients were waiting for me so anxiously and had it all planned to take treatments before I came home.—Ella M. Mandelkow, N. D."

Ain't that pathetic?

Yes, and the system is also publishing a journal, called Journal of Naprapathy (another instance of word-prostitution). True, it has only six (6) pages, all told, but it is a journal. In the "editorial", the "editor", who is the same Oakley Smith, tells us that he recently visited Europe, but is glad to be back in the land of Naprapathy. He lies volubly about his visits to the great universities and hospitals of Europe, about his imaginary visits to the great physicians, such as Dr. Arthur Robinson of Edinburgh, Sir Almroth Wright, Prof. Parsons, Dr. Balthazard of Paris, but he was pained and disappointed at their ignorance in general and ignorance of Naprapathy in particular.

"As I whirled away in a taxi for St. Bartholomew's Hospital Medical School the thought was very forcibly in my mind if such a gross error in anatomy has existed for so long a time undetected, why should anyone be surprised that the "connective tissue doctrine of disease" has been overlooked up to the advent of Naprapathy?"

The question why the world is so slow to accept the doctrines of Naprapathy, the faker answers in the following well-known manner.

"Why it was that the Geographers of Europe held that the earth was flat; why it was that the astronomers held that the Sun moved about the earth; why it was that scientists ridiculed the idea of wireless telegraphy, I do not know. Neither can I explain why it is that the medical profession still teaches that disease is in the organ when in reality it is in the ligament."

"Certain it is," exclaims the fakir, "that there is nothing abroad to compare with our Naprapathy." Poor abroad! Poor, effete, backward Europe! Instead of supporting such ridiculous institutions of research as the Institute for Infectious Diseases in Berlin, the Institute of Experimental Therapeutics in Frankfort, or the Pasteur Institute in Paris, establish a college

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of Naprapathy with Oakley Smith or an ignoramus of similar standing at its head.

What shall we do with these fellows? How shall we deal with the naprapaths and all other kind of fakopaths? Shall we argue with them and try to prove to them that they are frauds and ignoramuses? Entirely useless. They know it themselves, tho of course they will not admit it to anybody. No, the only effective argument with such scamps would be the ducking pond or the whipping post. Unfortunately these institutions are somewhat antiquated and out of date.

All we can do is to wait for the general level of the people's intelligence to be raised. But, oh, how long, how long will we have to wait!— Legislation? yes, we could do something by legislation, but how are you going to raise the level of intelligence of our legislators?

When the people in a universal suffrage country are ignorant, its lawmakers are equally ignorant—or more so.

THE RESPONSIBILITY FOR INFECTION IN CHILDBED.

There was a time—and that time is still within the memory of thousands of physicians—when childbed fever or puerperal infection or septicemia, carried no reflection on the attending physician. It was considered a matter of course that a certain percentage of women—and the percentage, alas, was pretty high—should go down to premature graves as a result of childbirth. Some pious people, who are always in the confidence of the Almighty, considered it a direct act of Providence; others, who did not think Providence would be guilty of such inexcusable villainy, considered puerperal infection an unavoidable accident, and that's all there was to it. A number of gentlemen, among whom the names of Holmes and Semmelweis will always shine most resplendently, have worked a complete metamorphosis in our views on puerperal infection. We consider it no longer an act of Providence, nor an unavoidable accident. Very prosaically and very unsympathetically we consider it the result of dirt and of negligence. Puerperal infection now carries with it a distinct odium, and the physician in whose practice it occurs with anything like frequency is to be pitied indeed. He is often obliged to change his location. For even the poor, the ignorant and the most religious are not willing to hold the supernatural powers responsible for the poisoning and the premature deaths of their childbearing women: very rightly they hold that the physician or the midwife has a share in the matter. This is as it should be.

But even here we must not go too far. For we must recognize that there *are* cases of infection in childbirth, which are true cases of self-infection, for which the physician cannot and must not be held in any way responsible. There *are* cases of infection from *within*. There may be an infectious local focus

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somewhere in the body, a focus not prominent enough to give any subjective symptoms or objective signs; and still during the exertions of childbirth that focus may be aroused into activity, streptococci or other germs may be thrown into the circulation, and they finding a raw surface in the uterus, may set up a severe or fatal infection. The physician is certainly blameless in such cases, and the strictest aseptic and antiseptic precautions will avail naught against them.

We do not wish to diminish the physician's responsibility in obstetrical cases; no care can be too great, no precaution can be superfluous before, during and after woman's greatest trial; but as a matter of justice to the medical profession it is important to bear in mind that here and there occurs a sad, deplorable case of infection from within, for which the physician can not be held in any way responsible.

DELIBERATE DISEASES.

While visiting foreign hospitals and clinics and while reading foreign medical literature we come across a class of diseases of which in America, fortunately, we have no idea. I refer to a comparatively long list of painful and nasty diseases and permanent mutilations which young men induce in themselves in order to escape military service, which is compulsory thruout the European continent. Of course, the longer the service and the more brutal the treatment of the soldier, the more frequent the self-induced diseases and mutilations. Thus in Russia where the soldiers are treated worse than beasts, young men in order to be declared unfit for military service, amputate their fingers, dislocate their joints, have cataracts produced on their eyes, or entirely destroy the eyesight of one eye, have enormous scrotal hernias produced, etc. As a supply always follows a demand, so there are special individuals and institutions, who make a profitable business of producing those diseases and deformities.

For a long time the genito-urinary tract remained free from these pitiable assaults, but now this domain has also been encroached upon, and we come across, both in private practice and in public clinics, particularly in the latter, some very obstinate cases of gonorrhea and stricture, which had been deliberately induced by the patients in order to save themselves from military service.

Two ways are used to produce a urethritis: either gonorrheal pus, borrowed from a companion suffering with the disease, is introduced into the urethra, or some irritant chemical, nitric acid, a strong solution of silver nitrate, phosphorus matches, etc., is used for the purpose. In the first case we have to deal with a genuine gonorrhea, in the second with a chemical or traumatic urethritis. These urethritides are often extremely obstinate, apparently resisting all attempts at cure. This can be explained by the fact that the victims fearing that their trouble might undergo a spontaneous cure before the proper time—before ap-

pearing for the physical examination before the military authorities—keep on irritating their urethra by various mechanical means and powerful injections, and thus produce irreparable changes in the urethral mucosa.

Besides gonorrhea, the unfortunates also subject themselves to the pain and discomfort of hydrocele, orchitis, epididymitis, scrotal hernia, etc.

We have seen some deplorable cases.

The pity of it all!

CHILDREN RUNNING AWAY FROM HOME.

A Dr. Schlieps of Germany has recently made a study of a number of children who manifested the impulse to run away from home. He comes to the conclusion that such children are pathologic and he claims to have found signs of degeneracy in all of them. It is possible that it is so. But we affirm that there are thousands, and thousands, and thousands of homes that are very difficult not to run away from. The horrible monotonousness, the killing drudgery, the gray, drab humdrum, the sordid littleness, and perhaps the never ceasing squabbles and quarrels—how not to run away from such homes?

And rather than stigmatizing children from such homes as pathologic, because they suffer from an irrepressible *Wandertrieb*, we should look more closely into the matter and see, if such children are not really superior creatures; if they do not run away, because being superior, being endowed with imagination and blessed or cursed with extreme sensitiveness, their home life becomes unendurable to them, and they prefer to go out into the world with all its hardships and uncertainties, rather than to stagnate in the home pool.

AUTOMOBILING AND SEXUAL IMPOTENCE.

There is an inclination in some quarters to make fun of von Notthafft's claim that automobiling speed mania is apt to result in sexual impotence. He has had five such cases in his own practice—four of the patients were rich men, while the fifth was a chauffeur. And he claims that he knows of similar cases in the practice of other physicians. Of course it is easy to draw wrong conclusions, and we never miss an occasion to call attention to the danger of the *post hoc, propter hoc* pitfall. The sexual weakness in Dr. von Notthafft's cases developed in from three months to three years after the addiction to the speed mania. It is possible that there were other causes. Sexual impotence is a very common affliction and is not rare in people who have never enjoyed an automobile ride. Still there is nothing grotesque or improbable in Dr. von Notthafft's declaration. We know that two of the greatest causes of sexual debility are worry and strain, and the strain of the person who drives a car at the rate of thirty or forty miles an hour is certainly very great. The strain, the anxiety combined with the jar of the car tend to induce cerebral neurasthenia, which causes sexual impotence. Dr. von Notthafft

states that his patients improved when they gave up speeding and ran their cars at a moderate rate, which of course speaks for a causal relationship.

Yes, we are quite ready to believe in an etiologic relationship between automobile speeding and impotence. And what is more, we should do our utmost to spread this knowledge among the automobilists. We know how conscienceless and foolhardy some of them are. Human life is nothing to them. Of fines they are not afraid. Even the fear of a prison sentence does not deter them: they know that with money and with good lawyers they can get out of any scrape. But spread the knowledge among them that reckless speeding may result in a diminution of their sexual power, and you will see how quickly the mania for speeding—and killing and maiming innocent passers-by—will go out of fashion.

There is no surer way of making a man give up smoking than convincing him that the weed has a deleterious effect on his sexual capacity. And the same would undoubtedly hold true of automobiling.

SECTARIANISM PASSING AWAY.

We learn with a good deal of pleasure that the last of the colleges of the physiomedical "school" has closed its doors, has gone out of existence for good. That's good. So one sect less. Recently two eclectic colleges have taken down their sectarian flags and have become "regular."

The rôle of prophet is said to be a risky one and still there are things about which one can prophesy with perfect security. And the future of American sectarianism is such a thing. While the exact time cannot be specified, still we are absolutely certain that in the not very distant future there will not be a single sectarian medical college in the United States, just as there are no sectarian medical schools in any country in Europe. And the principal factors in the extermination of these schools are and will be: the high preliminary entrance examinations and the state examinations for license. What attracted a large number of students of those sectarian schools in the past was the lack of any entrance examinations and the "easiness" and shortness of the course. But finding that he must pass the same preliminary examination no matter what medical college he may enter, pass practically the same final examination, no matter from what college he was graduated, the student will naturally prefer a high class college. And for lack of patronage the little sectarian college will be bound to close. Nor is there any excuse for the existence of any sectarian medical college, in spite of what our numerous eclectic and homeopathic friends may say to the contrary. Medicine has now adopted scientific principles, and there is but one science of medicine. Differences of opinion on certain points exist and always will

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exist, but we need no separate "schools" of medicine for that. The difference between any two schools of medicine is not greater than between certain members of the same school. And, besides, everybody is now perfectly free to treat patients according to his best judgment. All we demand from a man who intends treating human beings is to show evidence that he knows the principles of medicine and surgery. The details we leave to his conscience. It does not therefore seem foolhardy to predict that in about ten years all or practically all eclectic medical colleges will have gone out of existence; for the homeopathic medical colleges the time will be somewhat longer, say twenty-five to forty years. The osteopathic colleges we do not mention, because we are unregenerate enough not to consider them medical colleges.

"THE DANGEROUS AGE."

Before I left New York, I was told not to fail to read The Dangerous Age, by the Danish authoress, Karin Michaelis, translated into German and into French—into the latter by no less a personage than Marcel Prévost. I tried to procure the book in New York, but couldn't. In Brentano's they were all out of it and the salesman volunteered the information that if they had three hundred copies they could sell them in a day. So great was the demand. In Germany the book is one of the topics of discussion—of heated discussion. Whether or not the book will be translated into English, and whether, if translated, it will achieve success, remains to be seen.

I procured a copy of the book in Naples, and read it while the steamer was peacefully sailing up from Naples to Genoa. To me the book is a distinct disappointment, and I can't see why so much fuss is being made over it. From a literary viewpoint, it is far from being a masterpiece. As to the important "new" truths it contains, I couldn't find any. To me they have been commonplaces, oh, for ever so long. And still it is possible, that for the layman the book contains something new, something valuable. I may not be an impartial judge, for what may appear trite and commonplace to the student of sexual psychology, may appear very novel, very original, very striking, and even very shocking to the men and women who have never given the subject a thought.

The book which is written in the first person, deals with a woman of forty-two, who suddenly without any apparent reason, decides to get divorced from her husband, and to seclude herself in a lonely villa—away from any male creature, the sight of which is very disagreeable to her. A cook (female) and a maid constitute her entire entourage.

Her divorce from her husband with whom she had lived for twenty years and who is rich and occupies a prominent position, is not so mysterious after all. It transpires that she has never loved him—neither physically nor spiritually—in fact she has

distinctly disliked him, and she has been for the last ten years deeply in love with a young architect, eight years her junior. The architect loved her very deeply, but she remained "faithful" to her husband, i.e. physically she never broke her marriage vows. But now at the age of forty-two—and note that this is what she calls woman's dangerous age, from forty-two say to forty-eight—she can bear her husband no longer and she decides to become a hermit.

She also has a terrible fear of becoming old. Empty-headed, empty-hearted, without any social or humanitarian interests, her fear of becoming old becomes a real obsession with her. And this is another reason for her seclusion—she does not want the men to see her wrinkles and her gray hair. She lives in her dreary solitude for about a year, but then her nature asserts itself, and the voice of the purely sexual animal desire becomes imperative, irresistible. She writes to her architect to come. He comes at once. But he leaves in the evening of the same day. The reason? During the year of her solitude she has not taken any care of her body, she had no massage, no exercise, etc. And her figure became plumper, her wrinkles and gray hair more conspicuous. And for that reason her architect ceased to love her! (A nice kind of a love that must have been). She knew what passed in his mind after the first critical glance he gave her. Their interview became painful, and he left soon. What she felt after this affront can be easily imagined. As she wants a man and she can no longer bear her solitude, she decides to write to her husband; for he took a promise from her to write to him whenever she thought she has had "enough". He really loved her, and he hoped that they might perhaps come together again. She writes him a sweet seductive letter. But in the meantime he became engaged to a girl of 19, and instead of visiting her at her villa, he has to inform her of the fact. Rebuff number two. The end is, she shuts up the villa and goes with her maid, who has had many sexual experiences and who has become attached to her, for a trip around the world. Whether she intends to utilize the opportunities, which offer themselves on trips abroad, and make up for her year's solitude and for her two rebuffs, she tells us not. But it is permissible to infer that she does.

Such is the synopsis of the book. It contains some good bits of psychology, it contains some frank information about woman's sexual nature—the authoress among other things maintains that a woman may love two men at the same time, loving each for certain qualities which the other one lacks—and on the whole it is worth reading. But the book has been overrated. Too slushy, too laudatory criticism, is apt to act as a boomerang.

BRIEUX'S PLAYS.

Ours is the last language into which the great masterpieces of foreign literatures are translated. This is due to several

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causes. First, we have always been all-sufficient unto ourselves. We have been the greatest people in the world, our literature has always been the best, so of what use to bother with foreign literatures? Second, the number of Anglo-Saxons so thoroly familiar with foreign tongues as to be capable of making faithful translations has always been rather limited. And, third, our Anglo-Saxon prudery has stood in the way. Some of the great books and plays have not been translated into English, or translated in a mutilated, expurgated form, on account of the frank handling of sexual problems, of the free honest language in which those were treated. This last is probably the reason why Brieux's excellent social plays are only now beginning to appear in English.

But better late than never.

Of the three plays that have just made their appearance in English, with a superfluous, ridiculously high-faluting preface by Bernard Shaw, two should be read by every intelligent man and woman. These plays are "Maternity" and "Damaged Goods". The third, "The Three Daughters of Mr. Dupont", is of little importance, and I am not even sure that it is worthy of Brieux. Just a few words about the plays.

"Maternity" deals with the question of race suicide and with the tremendously tragic problem of illegitimate motherhood, a problem which as I have pointed out in my address on Abortion from the Ethical and Social Point of View, is under our present social conditions going to gain in importance as the years go by. This play, as I said before, should be read without fail by every man and woman interested in the burning questions of the day. By the way, Brieux has written two versions of Maternity. The later version is much inferior; in my opinion it is distinctly amateurish, and forced.

"Damaged Goods" deals frankly and with absolute scientific accuracy with the question of syphilis. The author must have studied the French syphilologists very thoroly. He makes no statements which could not be admitted into the most advanced scientific treatise on the subject. In some places you feel as if you were reading Fournier's "Syphilis". While this is not the first drama that has dealt with the subject of syphilis in its influence on the offspring, still we consider it the most valuable one.

Ibsen's "Ghosts" is dramatically stronger, incomparably stronger. But the idea that the reader or spectator gets from Ibsen's "Ghosts" is of horror, and that is all. From Brieux's Damaged Goods one gets as good an idea of the dangers, hopes, curability of the disease etc., as if one studied a treatise or attended a lecture on the subject. It might be objected that it is not the novelist's or dramatist's province to give the public lessons in the nosology and pathology of disease. To this we would retort that in the case of the venereal diseases, which affect the happiness of so many millions, no writer can have a higher or nobler

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theme. But, at any rate, once these diseases are discussed, they must be discussed with scientific accuracy. No false impressions, no exaggerations must be permitted, even for the sake of the loveliest dramatic effect. And Brieux has accomplished his task well, exceedingly well.

And while I do not expect that either "Maternity" or "Damaged Goods" will ever be presented on an American stage, it would be a good thing, for our prudes in general and for our legislators and officials in particular, if they were presented. In the meantime, if we can not see these plays on the stage, let us read them.

"The Three Daughters of Mr. Dupont" is commonplace and does not do Brieux any credit. Dupont is a middle-class bourgeois, and of his three daughters, the oldest was seduced at the age of 17, was put out of the house, and she leads in Paris a life of shame; the second one is a poor, terrified, pitiable old maid; the youngest, the only genuine, living type with a little spunk in her, is forced—by threats and fears of remaining an old maid like her sister—to marry a vulgar fellow, for whom she has not the slightest affection, and who neither loves nor understands her. They soon begin to lead the picturesque life of cat and dog, and she leaves him. But the consciousness of her helpless position and the pressure of her relatives force her to return. She, however, has made up her mind to take a lover, a friend of her husband, whose advances she previously rejected, as at first she was determined to remain an "honest" woman.

Now, it is possible or even probable that there are a few families with three daughters, with fates similar to those of the daughters of Mr. Dupont. But Brieux does not write of singular individuals; he writes of types; his plays are problem plays; and as such, i. e., as depicting a type, "The Three Daughters of Mr. Dupont," is false. For the author *left out the daughter who marries the man she loves, and who loves her, and who lives happily ever after.* Such cases exist, and are not rare. The statements of our free lovers to the contrary, they constitute the majority. Yes, there are enough permanently loving couples, enough happy households to constitute more than a negligible exception, unworthy of being taken into consideration when considering the fate of woman.

And as Brieux's play gives the impression that there are but three fates open to woman: that of prostitute, that of old maid, or that of unloved, unloving and faithless wife, *it is a false play.*

FALSE CLAIMS ABOUT NON-MEDICINAL MEASURES.

A good friend of ours who is publishing a journal devoted to non-medicinal therapy is rather inclined to pat himself on the back because he does not accept any advertisements of remedies intended for internal administration. Very good. But let us whisper to our friend, that there is as much fraud and

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misrepresentation regarding non-medicinal measures, i.e., electric apparatus, high frequency machines, hydrotherapeutic appliances, therapeutic lamps, massage apparatus, etc., there is as much exaggeration and misinformation regarding sera, vaccines and lymphs as ever there was in medicinal therapy. Some of the statements about non-medicinal measures are as bad as the very worst claims ever made about patent nostrums. So there is not much to brag about.

Each remedial agent has its place and its value, but we are still inclined to think that drugs constitute the most useful, the most widely applicable single therapeutic measure. Surgery comes next. Water next. Electricity—comes at the very end.

SIMON FLEXNER AS A POPULAR LECTURER.

The world is familiar with Simon Flexner as a Master in Medical Research. But we do not believe that many people are aware of his talent as a popular lecturer, of his remarkable ability to present abstruse and complex pathological problems in such language as to make them perfectly clear and simple to any intelligent layman. We attended last night the first lecture of the season of the Harvey Society. The subject was "Local Specific Therapy of Infections." We do not know how to explain it, but the Academy of Medicine was packed to its utmost capacity, and quite a large proportion of the audience consisted of laymen—and laywomen. Well, it was just marvelous. The way Flexner explained to a lay audience the nature of infection, the reason and rationale of local specific therapy, the advances in the treatment of cerebro-spinal, influenzal and pneumococcic meningitis, etc. deserves for him the title of Master Popularizer of Science.

Incidently we might say that the Harvey Society is doing excellent work in bringing the general practitioner in touch with the latest results of the research laboratory and the most advanced theories regarding the nature and the treatment of disease.

BACK AGAIN.

Yes, I am back again at 12 Mt. Morris Park. I have had a pleasant trip, took in three new countries (Sweden, Norway and Denmark), have rested a little, have read a lot and have met a few interesting and a lot of uninteresting people. Will I describe my trip as in former years? I don't know. Depends upon the time, and the space I can spare in THE CRITIC AND GUIDE. I have so many editorials and articles which seem to be of greater importance, that it seems hardly fair to devote an entire issue to a description of the trip. But we will see.

Yes, I enjoyed my trip, but I am glad to be back at work. Europe is nice, but after an absence of three months you begin to long for Mt. Morris Park, especially for No. 12 West.

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Sex Morality - Past, Present and Future or Monogamy versus Variety.

BY JAMES F. MORTON, JR., NEW YORK.

Dr. Jacobi's article, * in the main excellent and convincing, probably contains as strong meat as the average reader will be able to digest. Those of us who have come to somewhat more positive conclusions of a radical nature, cannot complain of being too harshly treated. Like Dr. Jacobi, tho without his lurking bias in favor of institutional monogamy, which, in spite of his efforts at strict neutrality, persists in peeping out here and there in his discussion, we abjure the role of the prophet. The possibilities of unforeseen adjustments in future standards governing sex relations are innumerable; and an increasing modesty is sequent upon continued study of the subject. The concluding volume of Havelock Ellis's splendid series on "The Psychology of Sex" includes perhaps as satisfactory a summary of the views best warranted in the present state of research and thought on the subject, as is now extant; altho the existing tendency toward the acquisition of knowledge on the subject of sex, and the recasting of old theories and dogmas in the light of added discoveries, will doubtless throw much light on the yet obscure phases of the problem.

Even in the present state of knowledge, it is possible to assert authoritatively that the axe has been laid to the root of the prevalent superstitions concerning sex. We are at last learning that this last stronghold of the exploded absolutist philosophy must give way to the universal principle of relativity of standards. In practically every other department of ethical and social conduct, the lesson was learned long ago; but Spencer himself, the great exponent of relativity, lost sight completely of his own principle when treating of matrimonial institutionalism. Clear thinker tho he was, the obsession of his age was upon him; and it is the British *bon bourgeois* and not the scientific reasoner who pronounces dogmatically in favor of the future dominance of an increasingly rigorous monogamy.

Herein may be seen the fallacy of the attempt to crush the iconoclastic assailant of the monogamic ideal, by pointing out the fact that the majority of the leaders in scientific thought hold firmly to the conventional principle. It is on a par with the unfortunate citation of Gladstone as a profound thinker loyal to the orthodox religious creed. When Blackstone, great jurist as he was, rehearsed in abundant detail the amazing list of

*) CRITIC AND GUIDE, July.

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disabilities imposed on married women by the common law of England, and in all seriousness and good faith affirmed that the shackles of woman's enslavement were so many proofs of the good will of the common law toward her and of its zeal for her protection, he presented himself as a permanent type of the masterly mind, which is yet incapable of escaping from a fixed rut of thought on certain issues assumed to have been once for all settled by a preceding age. Unfortunately, however, such issues have a way of becoming again unsettled; and not Blackstone, Gladstone nor Spencer can stay the tide of investigation.

Without doubt, the double standard of sex ethics is hopelessly doomed. It was from the beginning rooted in injustice, and founded on male domination. It is the asserted will of the slave owner, and cannot stand in an age of growing recognition of equal rights. The only dispute is with reference to the nature of the readjustment which must follow the disappearance of this monstrosity of custom. Perpetual monogamy for both sexes, monogamy for most women coupled with the special ministration to men's sexual demands by a small percentage of women corresponding to the prostitute class of today, and free love under some aspect or under several aspects, probably sum up the entire range of choice for a society which is to be conceived as progressing, rather than retrograding; since institutional polygamy and polyandry, complex marriage and disorderly promiscuity may be dismissed as incapable of finding serious advocates.

The first proposition is of course the popular one. All who seek the applause of the conventional world vie with one another in the loudness of their declarations of adhesion to it. The pulpits are *ex officio* committed to it, regardless of any possible considerations to the contrary. In most selfstyled "respectable" circles, no other view can even obtain a hearing; and the mere suggestion that any different proposition deserves even a decent investigation is met with hysterical shrieks of vituperation. The frantic howls and violent appeals to emotional prejudice, which assailed George Meredith and later Mrs. Elsie Parsons, for the mere hint that some form of trial marriage might prove worth considering under conceivable conditions, may be expected by any person who ventures to ask in all good faith for permission to test the innate sacredness of the commonly worshipped taboo.

While it is, of course, possible that a perfect monogamy may become the dominant form of sexual life, it rests under suspicion, in view of the manner in which its champions proceed. An unquestionably good cause need not resort to hysterics, to persecution, to suppression of free speech, in order to maintain itself. It will rather demonstrate its superiority by clearcut reasoning, and welcome the freest experiments with rival plans, in order that its greater value may be made evident to all. If monogamy is to emerge the winner, it is certain that its victory must be preceded by a long period of infinitely greater tolerance

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than at present. As to the certainty of such triumph, however, no sufficient data have yet been presented.

The three great changes dwelt on by Dr. Jacobi are assuredly not conclusive. The recognition of equality between the sexes is no guarantee that new fetters are to be put on the male, when the more natural sequence would seem to be the removal of the shackles with which the female has so long been bound. The intelligent control of conception certainly does not inevitably make for a more rigid monogamy. The industrial emancipation of woman, while sounding the death-note of commercialized prostitution, merely removes a spur to the acceptance of otherwise undesired relations. To support his personal inclination to the monogamic position, Dr. Jacobi rests mainly on the somewhat dubious supposition that sex passion tends to decrease *pari passu* with the advance of civilization, and on the assurance that the race is developing self-control. Neither of these facts, if facts they may be held to be, has of itself a necessary bearing on the question of monogamy. Restraint from excess does not necessarily involve exclusive devotion to one object. The refined epicure eats delicately, but enjoys a greater variety of viands than the undiscriminating glutton, to whom quantity is the prime consideration. There are men and women of varied loves, whose total of sexual indulgence is immeasurably less than that of many insatiable married persons, whose extravagant excesses, tho confined to the "virtuous" marriage couch, would be tolerated in few brothels.

As to the permanent existence of a prostitute class, the thing is scarcely conceivable. The offensive vulgarity of a purely mercenary relation, while tolerated under existing circumstances as a miserable makeshift, must ultimately become incompatible with a finer type of humanity. If it be true (which is subject to the gravest doubts) that man is instinctively polygamous, and that the vast majority of women are monogamous, the result may be the establishment of monogamy as the rule, tempered by the existence of a less specialized class of women than the prostitutes of today, who will become willing partners of such men as attract them, while an ever increasing percentage of men may yield to the inevitable, and abandon all thoughts of extra-matrimonial relations. Such women, however, would not be looked on as outcasts, but would have a clearly recognized function in social life. This theory, however, is not one which commends itself as containing a large element of probability.

It is unfortunate that Dr. Jacobi falls into the common error of confounding free love with promiscuity. The two conceptions are as opposite as the poles. The very essence of free love is discrimination, which promiscuity specifically denies. Nor does free love necessarily negative monogamy. On the contrary, a voluntary and often lifelong monogamy is extremely common in actual free love circles. The radical conception is neither monogamic nor anti-monogamic. It is simply voluntaris-

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tic. It denies the exemption of the department of sex from the universal principle that evolution results from variation and experimentation.

Whether the ultimate ideal shall consist for the average individual of a single love, several coordinate loves, a central love with several subordinate attractions or of all these, depending on the temperament of the particular person, it does not presume to say. Much can be said for each conception from a theoretic standpoint What is important is not to discount the future, nor to compel the entire human race to stretch itself on a Procrustean bed of Mrs. Grundy's workmanship. The notion that all ideals save what may chance to be our own are vile, and that those who espouse and act according to them are degraded, sinful or degenerate, must be abandoned. Unsanctioned sex relationship has never, *merely because unsanctioned,* involved real and necessary degeneration for either participant. The mental attitude of one or both, surrounding circumstances or the expressed disapproval of others, especially when manifested by direct persecution, fully account for any real demoralization resulting. If we cannot take a large and calm view, which recognizes this fact, we shall never approach a solution of the problem.

The question of the general social consequences of this or that standard of sex relationship is purely one of fact, to be ascertained, like any other fact, by scientific methods, stripped of preconceptions, and based on the study of actual experiments under normal conditions. Just as among all persons of decent intelligence it is fully recognized that nature places no stigma on "illegitimacy," and that "bastardy" is no ground whatever for reproach, so must the real student of sexual phenomena dismiss from his mind all thought of a necessary connection between extra-marital sex relationship and criminality.

Hysterical sentimentalists and bigoted religious dogmatists have too long assumed to speak with wholly unwarranted authority on the subject of sex, concerning which they are by all scientific principles the least qualified of all persons to speak at all. They must now give way to the scientific investigator and the quietly reasoning sociologist.

Acute Urethritis of Chemical Origin, with Report of Three Cases.*

BY WILLIAM J. ROBINSON, M.D., NEW YORK.

One of the most unfortunate terms in our medical nomenclature is the word gonorrhea; besides the fact that its etymologic derivation is absurd, it makes us link, against our will, every form of urethritis with the gonococcus, so that the word urethritis has practically become synonymous with gonorrhea or gonococcal infection and we therefore often forget that there is such thing as

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urethritis of non-gonococcal and even non-bacterial origin.

There is nothing strikingly original in the statement that urethritis may be of chemical origin. Everybody knows, or is supposed to know, it. Still this is often forgotten. The fact that it, *i. e.*, the possibility of a chemical cause of urethritis, was forgotten or overlooked in two cases and that the third case—which I will report first—presents some rather unusual features, is the apology, if apology be needed, for this brief report.

Mr. X., 28 years old, was to be married on September 21, 1910. Just a week before, September 14, he considered it necessary to cohabit with a prostitute. Men of a certain class seem to regard it a sacred obligation to bid *adieu* to their bachelorhood in this dastardly manner. The temptation is very great to break out in a tirade against the brutes, who, a few days, sometimes even a few hours, before going to the marriage bed, will subject themselves and their future wives and children to the risk of infection, because, forsooth, after marriage they intend to be faithful to their wives and therefore want to have a "last fling". But what's the use? The brutes don't read medical journals, and if they do they are not affected by our tirades. And so Mr. X. had intercourse on the 14th. On the 16th he noticed, or thought he noticed, a tickling in the urethra. After a few hours the tickling disappeared. On the 17th he thought it returned. In view of the close approach of the important day he became thoroly frightened—tho I believe there was really nothing the matter with him, the tickling being more in his mind than in his urethra—and consulted—a reputable specialist? No; a druggist. The vast majority of druggists I am familiar with are men of high standing, well up in their profession, who would disdain to prescribe or even to advise in cases of venereal disease. But there are black sheep everywhere, and there is no question that some druggists are as ignorant as they are impudent. This druggist seems to have been particularly ignorant. His advice to the patient was to dissolve one antiseptic tablet (containing 7.7 grains of corrosive sublimate!) in *about* half a glass of water and syringe three times a day, using several injections for each seance. I have known druggists advising the insertion into the vagina of 7-grain corrosive sublimate tablets as an anti-conceptional measure (and more than one woman paid a severe penalty for this stupidly criminal advice), but I had not heard of anybody displaying such dangerous ignorance.

The patient did as told and syringed out his urethra four or five times with a half-ounce syringe. This was before going to bed. He suffered agonies the whole night, and the pain at any attempt at urination was so severe that he abstained. The following morning he applied to me. The penis was four or five times its normal size. The swelling and edema were enormous. The glans was so puffed that it was difficult to find the meatus. The patient was badly frightened, but constitutionally he was not ill; no fever, no malaise, no stomatitis, no bad odor; in short, no

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symptoms of mercurial poisoning. He showed me the tablets the druggist had given him; they were, as stated, 7.7 grain corrosive sublimate tablets, combined with an equal amount of ammonium chloride. He indicated to me the amount of water in which he dissolved the tablet and the amount was between four and six ounces. In other words, the strength of the bichloride solution which he used as a urethral injection was about 1 in 250 to 1 in 350. And in all he used about 3 grains of corrosive sublimate; but, of course, he let the injection run right out. That there were no systemic symptoms I ascribe to the fact that the strength of the solution by necrosing the mucous membrane prevented the absorption of the poison; the effects therefore were purely local. That his bladder was apparently not injured, I ascribe to the fact that he injected gently and did not force open the shut-off muscle.

He tried to urinate unaided, but failed. I then with great difficulty anesthetized the urethra, passed a small catheter, and withdrew twenty-two ounces of urine. The patient at once felt relieved. For the penis I ordered compresses of liquor alumini acetatis (Burrow's solution); to do away with the strangury I ordered rectal suppositories of morphine sulphate (gr. ¼) and atropine sulphate (gr. 1-60); also, internally, a mixture of potassium bromide, potassium acetate, arbutin, and fluid extract of triticum; also to drink frequently of a cold infusion of linseed (made as follows: Macerate a teaspoonful of whole linseed in a glassful of water for five to ten minutes, stirring occasionally; strain, and add a dash of lemon juice to take away the otherwise "flat" taste of the linseed; the demulcent effect of this rather old-fashioned infusion is not known as well as it deserves to be). This treatment improved the patient's condition at once. The swelling went down considerably; the pain and burning on urination disappeared almost entirely. But on the next day a profuse thin discharge made its appearance and the urine contained numerous flocculi. The patient was, of course, sure he had gonorrhea, but I was convinced of the contrary. Numerous examinations failed to disclose a single gonococcus or a gonococcus-like diplococcus. It was pure—one might say chemically pure—pus, caused by an irritating antiseptic. I used no local treatment whatever—only internal demulcents and mild diuretics, and the discharge gradually diminished; it is now reduced to a fraction of a drop in the morning, simulating the morning drop of gonorrhea, and the urine contains flocculi; they are, however, entirely different from Tripperfäden and they, as well as the minute discharge, are entirely free from any cocci. The wedding, which was necessarily delayed for a month, is to take place in a few days and I have no hesitancy in giving him my unqualified permission.* During one period in the treatment there seemed to be a tendency to the formation of stricture, but several dilatations with Kollmann's

* The patient was married on November 1; on the 18th he reported himself as perfectly well, and an examination failed to disclose any pathological condition, except that the urine still contained a few small sterile flocculi.

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dilator, followed by the instillation of a 1 per cent. solution of thymol iodide in oil, restored the urethra to its normal caliber, and it is now perfectly normal in this respect.

The second case concerns a young man who was suffering with too frequent nightly emissions and who was advised to use an injection of zinc sulphate as a remedy. The prescription called for zinc sulphate, 2 drams; water, 1 pint. After using this injection for two weeks he noticed a slight thin discharge; he thought this was semen (!), and increased the frequency of the injections. The discharge then increased, becoming thicker, according to his statement. He then went to a physician, and in spite of telling him the history of the case, in spite of assuring him that he had never had intercourse in his life, the doctor proceeded to treat the case as one of gonorrhea. (We are sometimes too ready to consider our patients liars.) He never examined the discharge, but gave him the regulation treatment of copaiba and santal oil internally and potassium permanganate as an injection; later on he changed the potassium permanganate to an organic silver preparation [argyrol]. Under this treatment the case was gradually getting worse, the discharge was increasing and so were the nightly pollutions, and what is worse, the patient developed a stricture. When he applied to me for treatment the discharge was thin, but profuse, and no gonococci whatever, after numerous and repeated examinations, could be found. About 2½ inches from the meatus there was a stricture, which permitted the passage with some difficulty of 18 F. I told him to discontinue all treatment for ten days and present himself at the end of that period. He did. His discharge had diminished materially, being only a few drops in the morning and practically nothing during the day. I then began to dilate the stricture, which yielded completely to twelve dilatations. The only other local treatment I gave him was the instillation of a dram of a 1 per cent. solution of thymol iodide in olive oil. The stream of urine became normal, the discharge disappeared, with the exception of a minute drop in the morning, which also finally yielded to small anterior injections of 5 per cent. alcohol (alcohol U. S. P. 1 part, distilled water 19 parts). I have not seen the use of alcohol as a remedy against urethral discharges mentioned anywhere, but it has rendered me good service in some very obstinate cases. In some instances I use it 10 to 20 per cent. strong and even stronger.

The third case was one of what I call silver-nitrate urethritis, of which thousands and thousands of cases walk the land, and I report it, not because of its rarity, but because of its commonness, in order to call attention as forcibly as I can to a form of malpractice very prevalant in our profession; well-intentioned malpractice, but malpractice, nevertheless. I refer to the custom, handed down to us from former decades, of "testing" the reality and permanence of a gonorrheal cure by injecting into the urethra a strong solution of silver nitrate. And if there is anything I am convinced of in the handling of genitourinary cases it is that

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many a cured case of gonorrhea may become, by repeated injections of silver nitrate, converted into a rebellious or practically incurable case of chemical or bacterial urethritis. In the early days of my practice I was guilty of the same practice and more than once have I injected a, to all intents and purposes, cured case of gonorrhea—no discharge, no gonococci, no shreds—only to have the patient come back with an obstinate discharge, which it took weeks and often months to cure; and after each "testing" the discharge was less and less amenable to treatment. And I state it as my positive opinion that thousands of people are walking the earth with urethral discharges which were caused by assaulting the urethra, weakened by gonorrheal infection, with an irritant chemical, and who would have remained perfectly well if their urethra had not been subjected to any such heroic tests. The late Lassar was the only one of the "big" men whom I heard condemning the silver nitrate test in most unequivocal language. I trust that these lines may have the effect of inducing some colleagues to discard the test altogether, or, at least, to be very cautious and mild in its application.

The case I am to report is a clear-cut case of silver nitrate urethritis. Mr. O., 22 years old, noticed a urethral discharge on May 22, 1908. It was the first time he ever had any trouble. He came to me for treatment May 23. Examination showed the presence of numerous gonococci. Under the treatment the discharge completely disappeared in three weeks. I kept him under observation for three weeks more and then discharged him cured. I use the word *cured*, because contrary to the opinion of some urologists, I believe that gonorrhea can be as perfectly and as readily cured as many other diseases, say chancroid or eczema, or scabies. There was absolutely no discharge; the urine was clear of shreds, the expressed secretions from the prostate and the sediment from the centrifugalized urine showed no gonococci, and I told him that I considered him perfectly cured. I felt especially justified in doing this, because at no time were there any symptoms of posterior involvement and I felt sure that the infection was all the time limited to the anterior portion. To the question whether he could marry safely, I replied in the affirmative. "But", I said, "if you want to feel at perfect ease, come a month or so before you intend to get married and I will give you again a thoro examination". And this was the last I saw or heard of him until October, 1909. He became engaged in the spring of that year and the wedding was to take place in September. Early in August he called at my office to be examined, but was told that I was away in Europe and would not return until the beginning of October. He then went to another physician, to whom he told the entire history of the case. And he also told him that I considered him perfectly cured and he considered so himself, because during the thirteen or fourteen months his urine had been perfectly clear and he had no symptoms of any kind.

The doctor proceeded to apply the beer-silver test. Tho the

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patient was not a beer drinker and detested beer, he was told to drink several glasses of beer for three evenings in succession. This produced absolutely no effect. The doctor, however, was not satisfied with this test, but proceeded to inject silver nitrate. I never could find out what the strength of the solution was, but the patient said that the pain was intense, and several hours later the urethra began to discharge. This was taken by the doctor as positive proof of gonorrhea, which he proceeded to treat. He treated the patient both internally and by injections, and he treated him very vigorously. But when he came to me two months later, in October, his discharge was, according to his statement, worse than ever. I subjected the discharge to numerous examinations, all of which were negative as far as the gonococcus was concerned. I discontinued all treatment for a month, with the exception of advising him hot sitz-baths. The discharge had diminished by the end of that period, but it was slow work to stop the discharge entirely; it took five months before I could pronounce him cured. Examinations for gonococci, undertaken at different periods, all proved negative.

Here a man had to suffer pain, annoyance, anguish, and great expense for seven months as a tribute to an old brutal test handed down to us by sanctified tradition and accepted by us without criticism, without analysis. There are only too many such cases. And if, as is often the case, a bacterial infection becomes implanted on the originally sterile discharge, then we have to deal with a bacterial urethritis, which is sometimes more rebellious to treatment than a simple gonorrheal urethritis.

I should like, in conclusion, to emphasize the following points:

1. Urethritis of chemical origin is more common than is generally supposed.

2. While most cases are caused from self-administered injections prescribed by barbers, friends, and others, some cases owe their origin to the overzealousness of physicians.

3. The unscientific and unjustifiable silver nitrate test, which should be forever discarded, has been responsible for many cases of chemical urethritis.

4. The diagnosis of chemical urethritis is made by the history of the case, the freedom of the discharge from gonococci and, generally, its improvement on being let alone.

5. One of the most useful agents in the treatment of chemical urethritis is warm sterilized olive or almond oil, or a ½ to 1 per cent. solution of some organic iodine derivative [iodoform, dithymoliodide or aristol, europhen] in one of the above oils.

Tendency to stricture should be prevented by dilators or by sounds dipped in the just referred to solutions.

12 Mount Morris Park West.

[Since the above was published in the Medical Record, I have had another, rather unique, case of chemical urethritis, which I shall report at some future date. W. J. R.].

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Acted as Her Own Midwife.

BY L. BUCKLE, M.D., NEW YORK.

Some time ago I was hastily summoned to a case of hemorrhage during the 3rd stage of labor. On reaching the lying-in room, I saw stretched on the bed a small, pale, emaciated middle-aged woman, bathed in a pool of blood. At her feet lay a baby covered with part of the quilt which was on the bed apparently prepared for the mother to cover with. The cord was already tied and divided. The placental part of the cord was hanging out of the vagina indicating that the afterbirth was still to be removed. Except the husband, there was no one in the room.

Without asking any questions, I at once tried to express the placenta by the usual method, but this increased the bleeding and I had to introduce the whole hand to remove it. It was quite adherent.

When I was all thru, I succeeded after much questioning to elicit from her bit by bit the following, rather interesting and unusual, history:

While still a girl of about the age of 18 years, she happened to be present at the child-birth of her sister. She noticed how the old woman, a midwife, tied and cut the cord and how she gave her an empty bottle to blow into in order to expell the after-birth. She concluded that midwifery was all so easy and when, a year later, she herself gave birth to a baby, she acted as her own midwife. She was entirely successful and at each succeeding childbirth (6 in all) acted as her own accoucheur.

I was particularly interested to know whether she found it very hard to tie and cut the cord, but she said that after the child was out, she experienced no unusual difficulty in doing it. To my question whether the pains were very strong, she feebly repeated, "strong enough, strong enough".

I asked her whether she would do it again were she to give birth to another child, and she naively said "well, yes, I never had any trouble, perhaps if I had blown a little longer into the bottle the after-birth would have come. But my husband got scared more than I".

When I left the house I could not help thinking a long time what a remarkable feat this little pale woman performed.

The Relation of Economic Conditions to Tuberculosis, with Some Thoughts on the Fallacies Underlying the Prevalent Methods of Dealing with the Disease.

BY BEVERLEY ROBINSON, M.D., NEW YORK CITY.

In an article on "Phthisiophobia" by Dr. Isaac W. Bremer (*Southern California Practitioner*, March, 1911), I find the following, with which I am in entire accord: "The germs of tuberculosis are widely disseminated and it is beyond our power to

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capture or kill them all, much as we may desire to do so. The great question, from a rational standpoint, in regard to tuberculosis, is to provide proper food and proper surroundings for the working people. If we are to accomplish anything in this campaign against tuberculosis we must *abolish* the *slums,* and so adjust the cost of living that the workers of the nations will no longer go to their daily toil without being properly nourished. It would be better for those who are inclined to devote their money to charity to look first at the habitations and the food provided for those who toil for them. This is the true attitude which the philanthropist should take toward the problem of tuberculosis."

This is the attitude that I have personally taken for many years past, and reaffirmed time and time again. In the *St. Louis Courier of Medicine,* January, 1900, I wrote as follows: "What should be our preventive measures—to carry out those which protect the few, the very few, by isolation and separation from their fellows? or rather the much broader, more humane method, to institute such regulations as will benefit the race and cure the consumptives themselves so far as can reasonably be done? Take the poor in our large cities and towns; are they not the ones most frequently affected, and for whose welfare we should be most concerned, since they are in much the largest number? Let our legislature, then, see to it that in the tenements the air supply is sufficient and good, let sunlight penetrate dark, ill smelling rooms, let cleanliness be obligatory. Enforce proper oversight of food and water supplies, and soon, very soon, tuberculosis will diminish very greatly."

Even the very last Monthly Bulletin of the New York State Department of Health affirms that "the germ of tuberculosis cannot thrive in a clean, well ventilated, sunny room."

Why in the name of all that is sane and intelligent build sanatoria everywhere thruout our land, only later to send back patients to conditions and surroundings which are the source and origin of the widespread pest of humanity far more "than the microbe whose inoffensiveness is demonstrable when the causes which breed it and make it important cease to exist?"

Continence in the Two Sexes.

Dr. Shufeldt's unreasonable bias (August CRITIC AND GUIDE) in favor of the human male as to sex relations, would be amusing to the thinking mind if its injustice did not arouse burning indignation.

"The imperative physiological sex impulse," says Dr. Shufeldt, "should be gratified as often as the nature of the *man* in whom it has manifested itself demands." And how about the nature of the woman of whom this gratification is demanded? It takes two to play at this game. Who is

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to decide as to what constitutes regular gratification? This is as indefinite as a "reasonable restraint" in trade.

Women with imperative sexual desires are classed as Nymphomaniacs. Should not men with imperative sexual desires be classed as Satyromaniacs? Dr. Shufeldt bitterly denounces the women who are sexually anesthetic; does he fancy that they are so only out of the proverbial "spitefulness" of their sex?

Dr. Shufeldt has not scratched the surface of the Psychology of Sex, if he does not know that many a daughter is a congenital sex-defective because of the bitter revulsion of a sexually sane mother against the "imperative demands" of a sexually insane father, and that many a son is congenitally endowed with sex hypertrophy because of the unwilling yielding on the part of the mother to these imperative demands on the part of the father. A knowledge of these scientific facts would show to him that it is the gratification of this "imperative demand" on the part of men that is responsible for the hereditary continuance of this unreasonable imperativeness in men as well as for the sex defectiveness in women which renders them impotent to gratify this imperative demand.

I would suggest to Dr. Shufeldt, that instead of inveighing against women for that which they can no more help than the color of their eyes, he would counsel the social order to force the satyromaniacs to consort with the nymphomaniacs until they devoured each other like Kilkenny Cats thus ridding the race eugenically of a terribly morbid element, of giving the law of the survival of the fittest a chance for free play in the direction of endowing humanity with sexually sane individuals of both genders.

I would also whisper in Dr. Shufeldt's ear the fact that women are beginning to find out that they are not a part of the race just kept to "gratify the imperative sex demands of men,"—but one half of the race, responsible with men for the bringing of well-born children into the world, and that when they come into their own they will regard themselves not as creatures destined to be wives to men, but as women destined to be mothers to an ever improving race, and that when that time comes men will have to temper their imperative sex-desires, and that they will have to temper other "imperative desires," and that they will be able to do this, without the least harm to themselves or to the race.

Very sincerely,

ALICE GROFF,

222 N. 13th St., Philadelphia, Pa.

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The Limitation of Offspring.

Dear Doctor Robinson,

Permit me to express my appreciation of your efforts in behalf of the law of population. It is a necessary tho thankless endeavor, but the ingratitude of the race is swelled up by the urgency of the need. Others have labored before you and some will come after you, for there must be a great accumulation of force to combat the erroneous ideas into which the race has fallen.

Many years ago, Mrs. Annie Besant, with certain associates, was interested in this idea, and sent out a booklet for popular distribution. The title of the booklet was "The Law of Population," and was, I understand, promptly suppressed and one man sent to prison. Queen Victoria took an active part against this movement. This worthy woman was somewhat like our revered Roosevelt, in occasionally postulating ideas of a sentimental nature instead of always adhering to pure reason, as is naturally expected of great characters. However, we sometimes expect more than we are justified in and therefore are disappointed.

I am personally acquainted with Leroy Berrier, now of Davenport, Iowa, who was sentenced to two years in the Stillwater, Minn., prison, for sending his literary productions upon the Science of Procreation thru the mails. He was pardoned, by ex-President McKinley, after serving one year of the sentence. His wife, a delicate little woman, traveled thru seven states to secure signatures for his pardon. This man was convicted thru the activities of Anthony Comstock.

How has Anthony Comstock obtained such a position as he seems to hold—like that of a Russian despot,—and how and why does he retain such a position, in the land of the free (!)? Can he not be deposed? Are we so depraved that we require this man to rule over us?

Referring to your article, which has recently appeared in "Clinical Medicine," I wish to say that I agree wholly with the ideas therein advocated. The miseries that have been suffered by lack of limitation of offspring are inexpressible, and this mill-stone must be taken from the neck of the race.

It has been my idea that the Government ought to publish information upon the propagation of the human race for popular distribution just as it does upon the less important subjects of horticulture, agriculture and stock-raising. If this seems feasible, what can be done to bring it about?

I am, Yours very truly,

MARY L. GEISER, M. D.

Joliet, Ill., July, 20, 1911.

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THE THERAPEUTIC GUIDE

Valuable Abstracts on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medical and Historical Facts.

Fatal Poisoning from Strychnine in the Nose.

Dr. J. A. Burnett reports the following interesting case. September 6, about 11:00 a. m., a man in the habit of snuffing cocaine went to a drug store and called for a bottle of that drug. By mistake he was given a bottle of strychnine sulphate, of which, he said, he used about the amount of a pea before he left the drug store. At noon the same day, the doctor was called to see him and the patient told him that he had just taken a dose of cocaine which was about to kill him; it had never had such effect before. While the doctor was preparing a hypodermic injection, he received a message explaining that the substitution of strychnine for cocaine had just been discovered in the drug store. When he returned to the patient, he was having convulsions and continued to have them off and on until he died at 1:30 p. m., about two and a half hours after having used the poison.

[As far as we know this is the only case on record of death occurring by snuffing up strychnine. Editor].

Treatment of Ivy Poisoning.

Dr. Hemmeter thus outlines the treatment of this extremely annoying condition, from personal experience. There are two etiologic ideas that guided him. In the first place it is known, that the active poison is an essential oil and therefore only solvents for oils which had a greater affinity for it than the cutaneous cells could remove it. In the second place it soon became evident to him from repeated microscopic examinations of the discharge that all severe cases, at least, are mixed skin infections, due to an invasion of bacteria—even pyogenic cocci—after the rhus had entered.

The first indication was met by an alkaline hot bath (ammonia or bicarbonate of sodium added to a hot bath) and liberal rubbing with ethereal antiseptic soap. Thereafter the parts are bathed in 85 per cent. alcohol and dried.

The second cause is met by the yellow oxid of mercury ointment most effectively.

Unguenti hydrargyri oxidi flavi ..... ℥ss

Morphinæ ..... gr. ij

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M. Ointment.

There is however a third factor, the distress of the itching and the discharge. For this, after going thru the above treatment in the morning, the following ointment should be applied at night.

Bismuth subgallate 3i
Solut. epinephrin (adrenalin chlorid)—1:1000 100 m.
Lanolin 3v
White petrolatum q. s. ad. 3j
M. Sig: Ointment. Rub in liberally, then dust with an antiseptic powder.

New Test for Detecting Sugar in the Urine.

The defects of the usual tests for glucose in urine are referred to by Dr. S. R. Benedict, New York (*J. A. M. A.*, October 7). He offers a formula of a solution which contains sodium or potassium citrate instead of Rochelle salts, which is not appreciably reduced by creatinin, uric acid, chloroform or the simple aldehyds. It can be kept indefinitely in uncolored glass or cork-stoppered bottles. The formula is as follows:

	gm. or c.c.
"Copper sulphate (pure crystallized)	17.3
Sodium or potassium citrate	173.0
Sodium carbonate (crystallized)	200.0
One-half the weight of the anhydrous salt may be used.	
Distilled water to make	1,000.0

"The citrate and carbonate are dissolved together (with the aid of heat) in about 700 c.c. of water. The mixture is then poured (thru a filter if necessary) into a larger beaker or casserole. The copper sulphate (which should be dissolved separately in about 100 c.c. of water) is then poured slowly into the first solution, with constant stirring. The mixture is then cooled and diluted to 1 liter." In this method, instead of the reduced copper being precipitated as the red suboxid which obscures the end-point of the reaction, it is precipitated as cuprous sulphocyanate, a snow-white compound which rather aids the accurate observation of the disappearance of the last trace of blue color.

The Treatment of Bacillary Dysentery.

Dr. F. S. Meara (*Interstate Medical Journal*, September), discusses the treatment of dysentery produced by the bacillus (or group of bacilli) spoken of as the bacillus dysenteriæ. Rest in bed which takes away most of the stimulus to increased peristalsis, is desirable in all cases. Milk meets the dietary requirements better than any other food. The writer's routine practice has been to put the patient on a milk

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diet, ordering the milk boiled and given every two hours, the patient to take what he will of 8 ounces. When the temperature disappears and the stools have lost their diarrheal character, barley jelly and thoroly boiled rice, and later toast, then egg,—and gradually the resumption of normal diet. Water should be given freely and all food must be given warm. A dose of castor oil, from ½ to 1 ounce is especially recommended at the onset of the trouble. Following this the author has found the following prescription especially gratifying probably due to the ol. ricini:

℞ Tr. opii deodorati 1.0
Salol 2.50
Olei ricini 10.0
M. et Div in capsulas No. XV.
S. One every 2 hours.

For the colicky pains hot fomentations are often of value. Comfort may also be afforded by warm rectal irrigation at 100°—105° F. of physiological salt solution. About 2 quarts may be used at a time, in some cases even more. The irrigation may be followed by an astringent, the best being silver nitrate. It should be used in increasing strengths, 1 to 2,000 at first and increasing up to 1 to 500. If the solution of silver gives great pain it is too strong and may be neutralized by salt solution. The treatment must be intermitted occasionally to let the mucosa recover from any possible irritation by the silver. At times the chronicity of the disease may be due to the irritation these very measures keep up and a cessation of local measures is followed by rapid recovery. If the tenesmus is very severe the following suppository is recommended:

℞ Opii pulveris ..... gr. 1
Extr. belladonnæ ..... gr. ¼
Olei theobromatis ..... q. s.

When the pain is too great to be relieved by these, morphine hypodermically has to be used. For the diarrhea the author relies upon opium rather than bismuth, for which he has slight regard. (We disagree with the author on this point. Ed. C. and G.). The opium need rarely be used in greater dosage than one drop of the tincture every two hours. In convalescence from severe cases too little use is made of carbohydrates in the dietary. Barley, rice, farina, bread and butter, and cereal soups should all be used. Beef, mutton and chicken and the purées of the vegetables may also be allowed. Under-nutrition is to be carefully avoided.

Inducing Abortion in Consumptive Women.

Dr. A. Schottelius calls attention to the strange fact that older observers used to ascribe a beneficial influence to a pregnancy in the course of pulmonary tuberculosis, while in recent years the tendency has been to attribute a very harm-

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ful influence to it. He regards abortion as indicated *whenever* pulmonary tuberculosis is *positively* diagnosed, as his experience shows that *in at least* 75 *per cent.* of all the cases the lung affection rapidly progresses during the pregnancy and puerperium. The written consent of the patient and her husband and of a consulting internist are necessary—the responsibility lies with the family physician or the consulted lung specialist. Once decided, the pregnancy should be terminated as soon as possible and be supplemented by tubal sterilization if the woman has already borne more than one child. The indication for hysterectomy in these cases is excessive uterine hemorrhage. The disturbances from castration should turn the scale in favor of leaving the ovaries. The sterilization induced by exposure to the Roentgen rays destroys the ovaries and thus is equivalent to panhysterectomy, but it has the advantage over this of being a bloodless procedure, not requiring anesthesia.

A Thousand Cases of Curvature of the Spine.

Dr. P. B. Roth has an exceedingly interesting article in the British Medical Journal, giving the results of his observations based on 1,000 consecutive cases of scoliosis or lateral curvature of the spine. His conclusions are as follows:

1. Scoliosis is a disease of females—843 females, 157 males. 2 Scoliosis is a disease of adolescence—86 per cent. between 6 and 20 years. 3. The frequent occurrence of scoliosis in the members of the same family points to hereditary transmission. 4. *The bad position assumed in writing,* a delicate constitution and too rapid growth are largely responsible for very many cases. 5. Difference in the length of the legs is not a common cause of scoliosis. 6 Pain is a frequent symptom. 7. Flat-foot is a very frequent complication. 8. Attention to dress before any treatment is absolutely essential. 9. Treatment should never be commenced until a record of the osseous deformity has been made. 10. Treatment by "posture and exercise" entirely arrests the increase of bony deformity in all but about 5 per cent. of observed cases, and in about 3 per cent. slightly decreases it. In 83 *per cent.* of cases a permanent practical cure is brought about.

Glycerin in Pernicious Anemia.

In the *Deut. Med. Wochen.* for May 18, there is reported a case of a man of 30, who became infected with syphilis 4 years previously. He was extremely anemic, and in spite of specific treatment the anemia continued to progress, until the hemoglobin amounted to only 20 per cent, while the reds were reduced to *less* than a million. Death seemed imminent. The glycerin treatment was then commenced. At first a tablespoonful was

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given 3 times a day, then the dose was increased to 70 grams. The patient showed immediate improvement, the hemoglobin increasing to 100 per cent, while the red corpuscles increased to 4,200,000 at the end of a month. Talquist reported a similar experience, and both patients seem to be permanently cured.

As glycerin is a more or less innocuous substance, it is certainly worth a trial in obstinate cases of pernicious anemia.

Toothpicks as Foreign Bodies.

Dr. G. M. Livingston, Manistique, Mich., (*J. A. M. A.*), reports a case of severe irritation of the stomach and hemorrhage in the stomach and bowel caused by the swallowing of several toothpicks which the patient had been in the habit of chewing. Relief was obtained by the passage of the foreign bodies *per anum,* and there were no serious sequelæ. It is a bad habit, chewing toothpicks, and it ought to be discouraged.

Acidol.

Acidol is chemically Betaine Hydrochloride.

It is prepared by the action of hydrochloride acid on betain.

Acidol consists of colorless crystals, freely soluble in water and contains 23.8 per cent. absolute hydrochloric acid.

In the dry state acidol does not split off hydrochloric acid at ordinary or high temperature, but when dissolved in water there is a gradual liberation of the acid. It therefore represents a very convenient method of administering hydrochloric acid. It is used for the same purposes as hydrochloric acid.

Dosage.—0.5 Gm. (8 grains), which corresponds to about 1.1 Cc. (18 minims) of diluted hydrochloric acid U. S. P., to be taken dissolved in water.

Acidol Tablets, 8 grains.—Each tablet contains acidol 0.5 Gm. (8 grains).

Acidol Pepsin Tablets, Mild.—Each tablet contains pepsin 0.2 Gm. (3 grains) and acidol 0.05 Gm. (1 grain).

Acidol Pepsin Tablets, Strong.—Each tablet contains pepsin 0.1 Gm. (1½ grain) and acidol 0.4 Gm. (6 grains).

Pregnancy in a Girl of Twelve.

V. Geets (*Progrès Médical Belge*), relates a case of pregnancy in a very young girl observed by P. Lamborelle, of Malines. The case was that of a girl who was delivered of a splendid baby at the age of 13 years and 3 months. She was small, wearing short petticoats, and slightly developed for her age, which at the time she came under observation was 12½ years. She was believed to be wholly given up to the ordinary pleasures of her age. In her family history, however, there were proofs of special tendency to precocious procreation. Her mother had had a child at the age of 15; one of her sisters conceived at 16. The girl herself began to menstruate at the age of 11 years and 4 months, and the periods were regular every twenty-eight or twenty-nine

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days during one year and eight months. It was at this time that she conceived by her cousin who was aged 23. Gestation proceeded normally, the child not seeming to be depressed or in any way morally affected by the event. There were no nervous disturbances; the enlargement of the womb went on in the natural way up to term. When labor began the obliteration of the os took place very slowly, but dilatation was regular and normal, the pains not being excessive. It was a case of seat presentation; delivery was quite normal except as regards the head and the right arm. which was bent behind the occiput. The disengagement of the arm and the extraction of the head were effected by manipulation with some difficulty, but in less than four minutes. The cord was of normal size; the placenta seemed enormous. There was no laceration of the perineum. At no time during the labor, which lasted about twenty hours, did the patient cry out or show signs of impatience, except during the manipulation for the extraction of the head. The child breathed irregularly for twenty minutes and then died, notwithstanding all attempts at resuscitation. After delivery everything went on normally. There was an abundant flow of milk. The author calls attention to the following as being the salient features of the case: Gestation without morbid phenomena; labor without great pain; the facility with which delivery was accomplished, taking into account that it was a primipara and a seat presentation; the great elasticity of the perineal tissues and the absence of laceration, which made the absence of laceration all the more remarkable.

Hegonon.

Hegonon is silver nitrate ammonia albumose, obtained by treating silver ammonium nitrate with albumose, and contains approximately 7 per cent. of organically combined silver.

It is a light brown powder readily soluble in water. Its aqueous solutions do not coagulate albumin, even on heating, nor are they precipitated by sodium chloride.

The action of Hegonon is similar to that of other protein silver preparations. It is used as a substitute for silver nitrate.

It can be used in concentrations of from 1 to 6,000 to 1 to 2,000 for irrigation. For urethral injections solutions of ¼ per cent. are used.

The Explosion of the Uric Acid Theory.

Observant and analytical physicians have long ago become sceptical as to the reality of any uric acid diathesis, which has for so many years served as a scapegoat for the dietary indiscretions of so many patients. Dr. E. Faber, a Danish physician, reviews and knocks down the whole theory (Ugeskrift for Læger, May 25. Abs. *J. A. M. A.* July 22). He says that the whole apparently harmonious and imposing structure when considered closer is seen to be based on premises which are either highly improbable or unproved. The physiologic bases are hollow or

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have long since crumbled away; the most important connections are missing and the steeple on the building—the treatment—rests for the most part on the empty air. Faber reviews the pathogenesis, the clinical experiences and symptomatology of the various affections which are grouped as manifestations of the uric acid diathesis, and shows how they all have one common causal factor which bridges the gaps between them all, and which does not need the assumption of any diathesis to explain the true inwardness of the various affections. This one common factor is immoderation in eating. The conditions leading to overeating and drinking being usually the same for the members of a family, it is no wonder that the assumed "uric acid diathesis" affects all the members of the family, thus explaining its familial and inheritable character. The injury from overeating is felt most severely in different organs in different individuals. This explains the "mysterious" alternation of affections in the different members of the family, as for instance Charcot's classical example of a family in which the father had diabetes with obesity and of his five sons, three had gout, one diabetes, obesity and a joint disease, one obesity, and a daughter and granddaughter gout and obesity. The anomaly in the nuclein metabolism which is found in true uric acid arthritis—the low endogenous elimination of uric acid with the periodic increase and the increased elimination of exogenous uric acid—is not encountered in the other affections which are included in the alleged uric acid diathesis. This conception often stands in the way of rational management of the case. With kidney calculi, for instance, alkalines are indicated while they are useless or do harm in uric acid arthritis. In the arthritis a purin-free diet is often indicated, but this is an absolute blunder in the chronic anemia and debility of chronic polyarthritis or for asthenic patients with myalgia and neuralgia. The assumption of the uric acid diathesis often blinds the eyes of the physician to the necessity of seeking a psychic cause for disturbances, which may be the only key to proper treatment. On the other hand it is easier to incriminate the uric acid than to convince a patient that he is eating too much, but a radical cure or material improvement is possible only after a suitable anti-obesity or weaning course of dieting.

New Preserving Medium.

A new extremely useful preserving medium has been recently invented by Wickerschener, of the Berlin Zoologic Museum, for fixing and preserving plants and animals in their natural colors. (*J. A. M. A.*). The solution is prepared by dissolving in 3 liters of boiling water 100 grams of alum, 25 of sodium chlorid, 12 of potassium nitrate, 60 of potassium carbonate, and 10 of arsenious acid. To this 1,200 c.c. of glycerin and 300 c.c. of methyl alcohol are added. Objects preserved in this liquid are said to retain their form, color and suppleness to a remarkable degree. Even

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after a considerable lapse of time muscle tissue retains its fresh appearance, and can be cut as in the fresh state, and ligaments remain perfectly pliable, permitting the demonstration of movements as in life. This solution differs materially from the Kaiserling fluid, altho both contain potassium salts. The composition of Kaiserling's fluid is: potassium nitrate, 10; potassium acetate, 30; liquor formaldehydi, 750; distilled water to make 1,000.

Rapid Cure of Gonorrhea.

Dr. A. C. Magian outlines a new rapid method of curing gonorrhea (*Brit. Med. Jour.*, June 24). It is certainly a heroic and troublesome method, but if it will do what Dr. Magian claims it will, it is worth while trying.

The treatment consists of large (3 gallons) irrigations with 1-5,000 potassium permanganate, followed by a similar washing with distilled water, then 3 gallons of water containing 1 ounce of protargol, 30 grains of chlorid of gold in 1 quart of water and repeated irrigations with one-half per cent. protargol in the course of the next twenty-four hours. These irrigations are repeated in increasing strength on the second, third and fourth days. On the fifth day, use 3 gallons of weak sulphate of zinc solution, and on the sixth day a similar amount of weak nitrate of silver. The exact strength of these last irrigations varies according to the severity of the case. The cure is said to be almost invariably complete. In a very few instances an additional day or two is required. Microscopic examination of urethral swabs reveals no gonococci at the end of the week, and there is no trace of any discharge. The urine shows no threads or any other deviation from the normal. Magian has used this method in 100 consecutive cases, and in only three instances was a cure delayed beyond the seventh day.

Alcoholic Insanity.

According to Dr. G. H. Kirby of the Manhattan State Hospital, alcoholic insanity is 33 times more prevalent among the Irish than among the Jews.

A Voice from Africa on the Prevention of Conception Question.

Luebo, Kassai District, Congo Belge, Africa.
June 12th, 1911.

Dr. W. J. Robinson:—Away out here in Africa, I find nothing that is more interesting to read, than the "CRITIC AND GUIDE." I am with Dr. L. C. Coppedge, and he is kind enough to let me read his. I agree with you, that there are many, many cases where it is far better that conception should never take place, and one of them is right here. I think that it is almost murder to let a white child be born in this part of the world, as a very very large per cent of them die, and those that live are not fit to live.

J. G. PRICHARD.

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FAKES AND FRAUDS

Magic Foot Drafts.

This widely advertised fake rheumatism cure emanating from Jackson, Mich., is the subject of an article in the "Propaganda for Reform" department of *The Journal A. M. A.*, May 20. Attention is called to the fact that the men who exploit this humbug are also engaged in selling a consumption cure fraud as well as a pile cure. Magic Foot Drafts are plasters to be applied to the soles of the feet. The plaster mass has been analyzed by chemists on both sides of the Atlantic. Dr. L. F. Kebler, of the Bureau of Chemistry, reported that the composition of the plaster mass was:

Poke root	30 per cent.
Pine tar	62 per cent.
Cornmeal	8 per cent.

Dr. Kebler concluded that the Magic Foot Drafts "possess no curative element whatever, which when absorbed into the blood will neutralize the poisons which are supposed to be the cause of rheumatism and in this manner effect a cure." The chemists of the British Medical Association recently analyzed the plaster mass of the foot drafts and reported that their findings show the formula to be approximately:

Powdered white hellebore (Veratrum vivide)	40 per cent.
Stockholm tar	60 per cent.

The British chemists estimated the cost of the ingredients for one pair as 1/3 of a cent. They sell for $1. *The Journal* in closing quotes Mr. Adams' characterization of the Magic Foot Drafts: "Affixed to the soles of the feet, they are advertised as drawing out the rheumatic poison from the whole system. Of course, they might as well be affixed to the barn door, so far as any uric acid extraction is concerned.

Radio-Sulpho Cancer Cure.

Another cancer cure humbug is briefly described in the Pharmacology Department of *The J. A. M. A.*, December 3. Radio-Sulpho, as the "cure" is named, was examined by the official chemists of Colorado, who reported that it consists of a strongly alkaline solution of sodium sulphid with a little sodium carbonate and has a decided odor of rotten eggs, due to the presence of sulphurated hydrogen. The exploiters of this evil-smelling compound recommend the use of a "cheese poultice" in connection with their nostrum. The poultice is to be made by mixing *Limburger cheese and glycerin* to the consistency of a paste and applying the mixture to the cancer after having washed the parts

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with "radio-sulpho." The cost of this odoriferous fake is $25 a month "and upward."

For such fakers prison is entirely too lenient a punishment.

Van Bysterveld Medicine Company.

The Van Bysterveld Medicine Company of Grand Rapids, Mich., is exposed in the pharmacology department of *The Journal A. M. A.*, January 7. The concern dealt with advertises that it will "locate the cause of your aches and pains" free. All that is necessary is that a small sample of urine be sent to the company and the free diagnosis will be forthcoming. The Van Bysterveld concern claims to have a "secret process" of uranalysis that has been "handed down generation after generation and most carefully guarded by the old families of Europe." To test the genuineness of the claims and the work of the company five individuals sent in what were purported to be "specimens" for examination. In three of the cases the samples sent were a mixture of hydrant water, anilin dye and traces of ammonia and pepsin; in the other two the samples were a mixture of hydrant water and 5 per cent glucose. In no two cases were the diagnoses alike and in no case was the presence of sugar mentioned. *The Journal* sums up its investigations by stating: "The 'examination' of the urine is a farce, the diagnosis is a fake and the taking of money from victims for the 'treatment' of a disease they are not suffering from is a fraud and a swindle." It hopes that the post-office may issue a fraud order against the concern and that the individuals who operate the fake may be forced into a less disreputable if less profitable line of work.

"Professor" Samuels and His Eye Water.

A recently introduced quack nostrum, largely advertised by "Prof." H. Samuels of Wichita, Kan., is noticed in *The J. A. M. A.*, December 24. Samuels uses the common methods of circular letters made to imitate typewritten communications, symptom blanks, testimonials, etc., and extensive use of the public press. A third of a city daily's page thus employed is not unusual for a single advertisement. He emphasizes two points in his advertising. First, that he wishes "hard cases" that the regular doctor can do nothing for; and second, he wants it generally known that he has been arrested many times for irregular practice. His remedy, one of the worst swindles that have ever been offered to a gullible public, consists of an "eye water." which is claimed to have cured ovarian tumor, "paralysis of the optic nerve," deafness, tuberculosis and various other ills. Two specimens of the eye water alleged to be used by him were sent by correspondents to *The Journal A. M. A.*, from whom it was learned *that* $25 *an ounce is charged for the stuff*! Examination of the larger of the two samples, gave practically the following as its composition. Equal parts of sodium chlorid

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and sugar, 7.5 grams in 100 c.c. of water. The approximate cost of the solution to the maker would be *about 6 cents a gallon*, its selling price, $25 an ounce. It is clear why this advertiser wants only hard chronic cases. The credulity and unfailing optimism of the chronically ill is in his favor; the less scientific the treatment and the more improbable its claims, the greater its success. And still that faker has patients and testimonials!

The Interstate Remedy Company.

A fraudulent mail-order concern known as the Interstate Remedy Company of Detroit, Mich., is exposed in *The J. A. M. A.*, October 7. The company advertises by means of a stock advertisement offering to send free a "$3.50 recipe" that will "cure weak men." No mention of the Interstate Remedy Company appears in the advertisement, with is run in the name of a "Dr. A. E. Robinson." The real men behind the company are Edward D. Hayes, William H. Bourke and Henry F. Coon. These men started the concern originally under the names Dr. Knapp Medical Company and Dr. Raynor Medical Company. This double-named company was put out of business by the federal government because it was fraudulent. The same men also operated another medical fake known as Marmola—an "obesity cure." The Interstate Remedy Company's methods are essentially as follows: The individual who writes for the free "$3.50 recipe" receives the usual form letter and a small booklet in which three "prescriptions" are given: two of these prescriptions contain, as their main ingredients, "patent medicines" that can be purchased only of the Interstate Remedy Company. At the same time the company sends the "free prescriptions" and the letter it also sends a package of pills by express, C. O. D. $3.50. If the victim does not bite he receives a series of follow-up letters urging him to buy the pills. Occasionally the company sends its nostrum by mail, and if the $3.50 is not remitted the unfortunate recipient is pestered with follow-up letters, insisting that he send the money. Finally the company sends a letter purporting to come from a firm of attorneys and threatening suit. The "patent medicine" ingredients of the "free prescriptions" — called respectively Urikol and Kydnus—were analyzed by the Association chemists. Urikol consists essentially of hexamethylenamin, and some drug extracts in a mixture of starch, sugar and chalk. Kydnus consists essentially of a small quantity of calcium sulphid and iron in a mixture of starch, sugar and chalk.

The Journal, in closing, denounces the mail-order quack as follows: "Founded on falsehood, maintained by deceit, dependent on ignorance—mail-order medical fakers are concerned only with the commercializing of suffering. In place of the knowledge of the family physician they offer only an

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ignorance that is as dense as it is dangerous; for the kindly personal interest of the home doctor they substitute a set of "form letters;" instead of the confidential and private consideration of the patient's infirmities, the mail-order quacks give them all the publicity of a large corps of mailing clerks and finally sell the patient's letters to others in the same business; in place of an individualized treatment they prescribe stock pills and tablets of the cheapest and least reliable kind —instead, in fact, of treating the patient as a suffering, human entity, the victim of sickness is a mere customer in whom the quack is interested only to the extent of the length of his purse or the ease with which he may be swindled."

En-Ar-Co Oil.

In the *J. A. M. A.*, a nostrum passing under the name "En-ar-co Oil" is exposed. *The Journal* remarks—a fact to which we called attention long ago—that even after the passage of the Federal Food and Drugs Act it is still possible for patent drug manufacturers, to send out to the public compounds containing dangerous poisons. The label on the bottle of En-ar-co Oil states that it has been "known for a quarter of a century as the wonderful Japanese oil," but that its present title has been adopted to meet requirements of the Food and Drugs Act. Accompanying the package is a circular in which it is said concerning the nostrum: "A medicine that is equally valuable for man, beast or fowl, is something outside the general run, and should attract the attention of all classes accordingly." "We do not claim it to be infallible, or to cure everything, but we do believe that it comes nearer to accomplishing all this than any other known remedy; for proof of this read list of diseases, printed hereon, which it relieves and the testimonials published here and elsewhere." The list of diseases is long enough to make a gullible individual feel that he is getting his money's worth, including as it does such widely different conditions in human beings as asthma, "toe itch," fever sores, rheumatism, and insect bites, and in the lower animals hog cholera, spavin, distemper and roup. From the testimonials it appears that lockjaw and snake bite are also easily conquered by this wonderful remedy. Most important of all, "En-ar-co Oil is also excellent for making hens lay." While no exact separations were made, it is concluded that about 90 per cent. of the preparation consisted of fusel oil, which is about ten to twenty times as poisonous as ethyl alcohol. About 10 drops of this mixture it would seem might be distinctly poisonous to an adult. Whatever the value of such a concoction, *The Journal* says, for "relieving toe itch" or "making hens lay" may be, its use by human beings as an internal remedy cannot be too strongly condemned and its sale without a poison label should be prohibited.

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Prescriptions and Formulas.

For Inflammation of the Cervix.

A good powder to apply in inflammation of the cervix is the following:

Thymol ..... 4 drams
Acidi Borici ..... 6 drams

The cervix is to be thoroly cleansed of all mucus and then this powder is to be insufflated or applied against the cervix and protected with cotton.

Treatment of Cough in Infancy.

No. 1.—Before there is any mucous secretion.

℞ Potassii citratis ..... gr. iij
Ammonii iodidi ..... gr. j
Vini ipecacuanhæ ..... mij
Tincturæ camphoræ comp. miij
Syrupi aurantii ..... mx
Aquam ad. 3j

No. 2.—When the secretion is free.

℞ Ammonii carbonatis ..... mj
Oxymellis scillæ ..... mv
Vini ipecacuanhæ ..... mij
Syrupi tolutani ..... mvi
Aquam ad. 3j

No. 3.—When the secretion has become muco-purulent.

℞ Ammonii carbonatis ..... gr. i
Terebeni ..... mij
Syrupi tolutani ..... mv
Pulv. acaciæ ..... gr. ii
Aquam ad. 3j

For Whooping Cough.

℞ Potassii nitratis ..... gr. j
Ammonii bromidi ..... gr. ij
Ammonii iodidi ..... gr. j
Ammonii carbonatis ..... gr. ½
Tinctura belladonnæ ..... mij
Vini ipecacuanhæ ..... mj
Aquam chloroformi ad. .. 3j

As the case progresses the tincture of belladonna and the ammonium bromide may be freely increased.

Scarlet Red, Medicinal.

Dr. J. L. The action and uses of this external agent are thus given.

It is said to be useful to promote the growth of epithelium in the treatment of burns, wounds, chronic ulcers, etc. It is generally used in the form of an ointment containing 4 to 8 per cent. of the substance.

The surface to be treated is first thoroly cleaned with warm water and soap and then dried. The ointment is then applied lightly. In ulcers it is spread very thinly over the surface, from the skin edge inward, unless it be very large, in which case the ointment is applied around the edges only. The application may be left undisturbed for two or three days, after which time, and for a similar period, some bland ointment can be used.

Scarlet R Salve.—Scarlet R Salve is a mixture containing Scarlet R Medicinal, Biebrich, Kalle & Co., 8 parts, eucalyptol 2 parts and petrolatum 90 parts.

For Freckles.

Hydrargyri Bichlor. ..... gr. i
Alcoholis 3ij
Aquæ Rosæ ad. 3iv

S. Apply twice a day, and at night powder face with pure rice powder.

In Cholera Morbus.

I. Bism. Subnitr. 3j
Phenol liquef. ..... min. x
Menthol ..... gr. xv
Camphoræ ..... gr. x
Tinct. Zingib. 3j
Syr. Aurantii ad. 3iv

S. 3i q. 3 h. until improvement has set in, then 3 times a day.

II. Tinct. Opii 3iv
Salol 3ijss
Ac. Tannici 3ij
Bism. Subnitr. 3iv
Chloroformi 3iv
Glycerini 3iv
Muc. Acaciæ 3j
Aquæ menth. pip. ad. 3iv

S. Teaspoonful q. 4. h. until improvement has set in, then every 6 hours.

III. Resorcin 3i
Salol 3j
Bism. Subnith 3iv
Tr. Opii camphor. 3j
Mist. Rhei et Sodæ 3ij

S. Give a preliminary dose of Ol. Ricini, then 3j of the above every hour; when improvement has set in, increase the intervals.

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Letters to the Editor.

"Prepare Some More Lectures."

Wm. J. Robinson, M. D.
New York, N. Y.

Esteemed Sir:—Permit me to express my thanks and heartfelt gratitude in appreciation of your able, intellectual articles on "The Limitation of Offspring."

The world's greatest poetry, finest art, mighty inventions, gazing daily at the aviators in their machines, spinning in the sun over the clear lake and against the blue sky, has not stirred my soul with greater ecstasy and hope of redress from ignorance and slavery.

To every ardent lover of true culture, to every comprehensive student of sociology, to every broad, liberty-loving mind, with abhorrence for the vulgarity of the majority, you will ever stand preeminently as a great factor in the renaissance toward light and liberty.

I have a clear mental picture of a new consistent posterity on earth, dulcet concord reigning, beautiful ideals of harmony and perpetual happiness for all.

—And you were one of the great fearless master artists—

George Brandes once wrote to Ibsen, complaining bitterly of the severe persecution and rank censure he incurred, etc. Ibsen ignored the complaint entirely, merely answering: "Prepare some more lectures." Brandes did, and today the whole world honors him.

Doctor, prepare some more lectures!

With the highest esteem, I beg to remain with sincerest compliments,

Very respectfully,
MARTHA K. J. BECKSTRÖM.
2452 W. North Ave., Chicago, Ill.

Dr. Wm. J. Robinson,
New York City.

Dear Doctor:—Never have I read anything that I enjoyed more or anything that I feel that the Profession needs more than your articles on "The Limitation of Offspring." You exactly express my feelings on this subject all the way through. Thanking you for this article, I am, Your truly,

W. B. HUTCHINGS, D.D.S.
Milledgeville, Ga.

Dear Doctor:—I have been in the practice of Medicine for thirty years and a greater part of the time among the poor class of people and I have seen so much suffering with children in families of six to ten and more that I have often thought that it would be a Godsend if we were able to do or tell something that would limit the number. Often mothers coming and begging with tears in their eyes to do something to stop them from having any more children, and what are we to do. If there is a remedy that would do no harm to father or mother to Limit the Offspring it certainly would be a blessing to the human family if we were permitted to use or instruct the use of it as a preventative.

Pawnee, La. J. E. COLLINS, M.D.

Continence in the Two Sexes.

My dear Doctor:— In the August CRITIC AND GUIDE Dr. Shufeldt has an interesting article on "Continence in the Two Sexes," in which he says, that "after the function is established in the male sex and a few copulatory acts have been experienced, in the vast majority of men the physiological impulse is distinctly imperative and should be gratified as often as the nature of the man, in whom it has manifested itself, demands."

Does Dr. Shufeldt consider the possible opposite impulse in the woman whom this man proposes to enlist for his own purposes? Suppose the only available woman happened to be either the wife or daughter of our physician, what would he advise? His answer would be enlightening. The world is today full of human misery from this same fool teaching and the childish indulgence of every impulse of this nature which can be gratified. While not myself advocating celibacy by any means, any physician knows the hideous toll exacted from following this teaching, and if he is an intelligent man he also knows that no civilized society worthy the name can exist where its male members gratify their physiological instincts, no matter what direction they may take, every time they manifest themselves. That is the definition of the idiot or criminal—a man who has no control over his physical impulses. A well known

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writer on these subjects lately has said that we should come in time to regard the type of man developed by this teaching of Dr. Shufeldt's as we now would regard the full-grown man who wanted to spend all his time playing with a child's rubber ball or red cart.

Faithfully yours,
CLARENCE V. RAWSON.
Moylan, Pa.

Dear Dr. Robinson:—The CRITIC AND GUIDE is a great journal, and is doing a glorious work for humanity, physically, psychically and sociologically.

Appreciatively yours,
ALICE GROFF.
222 North 13th St., Philadelphia.

Dr. Wm. J. Robinson,
New York, N. Y.

Dear Doctor:—I have been reading with much interest your articles on the "Limitation of Offspring" and I think that you have certainly struck some key notes. We see out here almost daily the most urgent need of the adoption of some of the principles you advocate: worn out mothers with the yearly arrival of the baby, a baby poorly nourished before its arrival in the world and worse nourished after with the inevitable results in the mortality rate, etc., etc.

Very truly yours,
G. I. CULLEN,
District Health Officer.
Catbalogan, Samar, P. I.

William J. Robinson, M. D.
New York, N. Y.

Dear Doctor:—I have been an intensely interested reader of your subject, "The Limitation of Offspring," I have been a practicing physician in Texas for twenty years, and the truths which you have set forth in the above series of articles, I have seen demonstrated for these twenty years. I know you are correct when you make the affirmation that every husband and wife have the equitable right to regulate the number of their offspring. I hope you may see proper to continue to discuss this subject in the future. I only wish I could contribute something to assist you in your struggle against universal ignorance.

With kind wishes for your ultimate and complete success, I am fraternally,
E. W. NEAL, M.D.
Eola, Texas, Concho Co.

Dear Doctor:—Thru the kindness of my medical friend Dr. F. B. Cullens of this place, I have had the pleasure of reading your recent articles on the Regulation or Limitation of Childbirth. I agree with you most heartily. It opens a new field of thought, and I think the plan very rational and timely. I wish to thank you for the articles. Your truly,
H. B. DOWLING, D.D.S.
Ozark, Ala.

Staying in Bed in Scarlet Fever.

Editor CRITIC AND GUIDE,

Dear Doctor:— On page 187 May C. & G. at the bottom, you say child should be kept in bed three weeks in scarlet fever etc.

This seems to me unnecessary, and an impossible thing to do. We have many cases of scarlet fever which show no albumin in urine at any time during the course of the disease; then again, there are some cases that have albumin and only very slight fever and rash. Most of our cases in our epidemic covering a period of six months, have been very mild, and the children have rarely been in bed more than two or three days. Why do you advocate keeping child in bed for so long a time as three weeks?

Very truly yours,
H. H. SCHULTZ, M.D.
Sutton, Nebraska.

[In dealing with children it is best to be on the safe side. Better not to take any chances in getting up an acute nephritis.]

Isn't That Nice?

Editor CRITIC AND GUIDE:—I want you to accept my warmest congratulations for your humanitarian work and propaganda on the limitation of offspring.

I sincerely believe that if all the bronze statues and monuments, tablets and memorial windows, that have been erected for great men who have done great services for humanity were all rolled into one, they would not make one big enough to honor the name of Dr. William J. Robinson for the work he is doing in the cause of humanity.

WALTER CECIL COX.

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THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

1 year, $1.00 - Single copy 20c. - Foreign $2.00

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XIV NEW YORK, NOVEMBER, 1911. No. 11

EDITORIALS AND EDITORIALETTES

THE RELATION OF SEXUALITY TO MENTAL ACTIVITY.

At the meeting last night (October 30) of the Sunrise Club, Miss Inez Milholland propounded the question as to relationship between sexual power and mental capacity or rather mental activity. She wanted to know if the two went together, or had nothing to do with one another or were opposed to one another. Prof. Jacques Loeb of the Rockefeller Institute replied that the two had absolutely nothing to do with one another. In fact, he implied that vigorous sexual activity was opposed to mental and spiritual activity. Nobody has greater respect for Prof. Loeb's remarkable scientific attainments and achievements than I have, but in this instance I found myself forced to disagree with him. Here is substantially what I said in reply to Prof. Loeb:

There are two essentially distinct types of mental activity. First, the scientific, mathematical or philosophic type, and second, the literary, poetical or artistic type. The first type is a distinctly non-sexual type. That is, a man may be a very great scientist, mathematician or philosopher and possess a very weak sexuality or even none at all. And I agree with Prof. Loeb that sexual indulgence may be and often is detrimental to the activity and productivity of the philosophic-mathematical mind. That's why philosophers and mathematicians generally make such poor husbands. But literary, poetical and artistic ability is generally or perhaps invariably found in men and women of strong, sexual capacity, in men and women who live a rather free, you may if you so wish, call it, promiscuous life. Now, please do not accuse me of advocating or condoning licentious promiscuity. I am advocating or condoning nothing. I am merely stating facts. It is possible that our future will develop a new ideal; it is possible that the poets, novelists, painters, sculptors and musicians of the future will live either an absolutely continent or a

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strictly monogamic life. May be. But I am speaking of the past and of the present, and all I can affirm is that all the great poets, novelists and artists have led quite a riotous existence. They have all been strongly sexed men and women, and they did not attempt to curb their sexual passions either. Hundreds and hundreds of names could be mentioned, but a few taken from the literary field alone should suffice. Byron, Shelley, Keats, Burns, Fielding, Tennyson, Swinburne, Moore, Hugo, Balzac, Flaubert, Goncourt, Musset, Maupassant, Daudet, Prévost, Goethe, Heine, D'Annunzio, Pushkin, Lermontoff, Turgeneff, Andreef, Artzybasheff, Wied, Strindberg, Schnitzler, Mme. de Stael, George Sand, George Eliot, etc., etc., etc. Wipe off the names of the men and women who were strongly sexed and who led a varied sexual existence, and you wipe off practically all poetry, all literature, all painting, all sculpture and all music.

That's what I said in my extemporaneous remarks, but the subject is as interesting as it is important, and deserves careful elaboration, elaboration without any bias, without any preconceived notions. I shall reserve it for some future lecture or article.

After the close of the meeting, a man came up to me and asked me: How about Tolstoy? If I didn't consider him one of the greatest writers in the world, and still how moral he was, what a saintly family life he led. My questioner was very much surprised when I told him that Tolstoy in his youth led a very riotous life, as far as wine and women were concerned.

And it is very sad, but nevertheless true (and the truth must be told even if it is sad) that many writers lost their ability to write after they *settled* down—Vide Huyismans and Swinburne.

THE TWO PRINCIPAL CAUSES AND TREATMENT OF "THAT TIRED FEELING."

That tired feeling about which we are so frequently consulted is, in a large proportion of cases, due to autointoxication, to the absorption of the products of intestinal fermentation, most likely also to the absorption of toxic products of microorganisms. Lauder Brunton has called attention to the frequent association of "that tired feeling", or chronic fatigue, with chronic colitis. The remedy is simple: Do not allow yourself to become constipated. Keep your colon clean. Some people think their bowels are all right, but they are not. They move every day, but the movement is insufficient, and there is a gradual accumulation of excreta in the colon. An *occasional* laxative or thoro colonic flushing is therefore to be recommended. And the slogan "clean up and keep clean" if followed judiciously and not abused, is mighty good advice both in health and in disease.

The second great cause is a congested prostate. While the first cause is operative in both men and women, and even more in the latter than in the former, the second cause is of course found in men alone. The marvelous immediate effect of prostatic treatment in such cases we discussed in former issues: we will

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therefore abstain from reiteration, satisfying ourself with the remark than an examination of the prostate is in order in every man who complains of a feeling of chronic tiredness.

THE OWENS BILL AND THE N. A. R. D.

In opposing the Owens bill for a National Department of Health, the N. A. R. D. Notes is making a mistake and putting the retail pharmacists in a bad light before the thinking and liberal element of the country. I believe it will yet regret its short-sighted and reactionary policy. A National Department of Health is bound to come, in spite of sincere but misguided, or unfair and self-interested opposition.

SUCCESS.

Success, success, success. Everywhere we are given advice how to win success. Lay journals have special departments devoted to instructing their readers how to become successful in this, that or the other. And now the medical journals—some of them—are beginning to tell us vociferously how to win success. I am just sick of it. For it all depends what you call success. What *you* call success, I may call failure. And it is sometimes better to fail than it is to succeed. I would certainly much rather be a failure in medicine than a "success" by the aid of those means which are advocated by some of our medical journals.

They do not say it in so many words, but it amounts to this: if you wish to be successful, which in their vocabulary means, if you wish to make money, then become a sharp, a charlatan, a quack, a crook. Become wily, tricky, forget that you are a member of a noble profession, be a business man. Yes, that is what their advice amounts to. To Hades with it. For what we need is not more but less commercialization of medicine, and I know some medical failures (from a financial standpoint), whom I would not exchange for our greatest medical "successes".

THE CONQUEST OF TUBERCULOSIS.

To hear some of our anti-tuberculosis workers one would be led to think that death from consumption is practically a thing of the past. Unfortunately the consumptives don't seem to be aware of it, for they go on dying just as cheerfully—or rather as cheerlessly—as before. The mortality rate may have been lowered somewhat, but there is no excuse for the triumphant shouts of victory and to speak of the eradication of tuberculosis as a matter of the very near future is somewhat absurd. Sir James Barr protested against this over-optimistic attitude and one paragraph anent this subject is quite a propos. "It is not so long ago, says Dr. Barr, that if a medical man wrote a book for the public, with the title, 'The Conquest of Consumption', he would have been ostracized by his professional brethren, but in the present day we are moving so quickly from the region of truth

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and fact into that of fiction and faith that it is difficult to say what a man may or may not do."

It is not well to overdo things.

OUR SWIFT ELEVATORS—BEWARE OF THEM.

How often when going up in elevators—or lifts as they are universally called in Europe—in a European Hotel, will you hear disparaging remarks made by our compatriots regarding their "intolerable" slowness. "Not like our American elevators. They shoot right up". Well, there is nothing to be proud of. The swiftly shooting elevator is a very injurious—if we were inclined to sensationalism, we would say deadly—affair. It is dangerous. It causes heart disease. It shortens life. Particularly people with any cardiac trouble—cardiac dilatation, myocarditis, etc.—should avoid it, shun it, eschew it. If you saw a middle-aged man or a delicate little woman stealthily clutch at his or her heart at the sudden shooting up, dropping or stopping of the elevator in one of our business offices, you will agree with me that the use of our elevators presents a serious element of danger.

Altogether the boast of our constantly growing rapid means of transportation is in my opinion stupid. What's the hurry? Time to die you will surely have, and the more you hurry the sooner you will die.

And only slaves hurry, said Emerson.

I trust I will not be misunderstood — the average person has a splendid talent for misunderstanding — as advocating the climbing of stairs in preference to elevators. Not at all. Climbing stairs is much more injurious. I am only inveighing against the swifty shooting elevators. Elevators going at a slow respectable rate are all right.

MAN'S INHUMANITY TO WOMAN.

This is the title of a lecture which the Editor of THE CRITIC AND GUIDE will deliver before the Sunrise Club on November 20th, 1911, at the Café Boulevard, Cor. 10th Street and 2nd. Ave.

This is the most unconventional, the most radical and the hardest hitting lecture that the Editor has ever delivered or probably will ever have occasion to deliver. The editor is never eager to speak in public; he prefers to write for it is less of a nervous strain for him, and by writing you can at once reach a hundred to a thousand times more people than you can by speaking. Unfortunately, we possess a certain kind of press censorship, and on certain subjects you can never write with the same frankness, the same unequivocalness of meaning that you can employ in speaking. (Please do not try to guess from the title what I am going to say, for you will not succeed.)

A big attendance is expected, and if you wish to be present, you should at once communicate with the Secretary of the Club, Mr. E. C. Walker, 244 West 143rd Str., New York City.

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THE ASSOCIATION OF GERMAN PHYSICIANS.

The first meeting of the season of the New York Association of German Physicians took place on October 27th, at the house of Dr. A. Jacobi. Cases were presented by Dr. Sara Welt, Dr. Ludwig Oulman, Dr. Freudenthal, Dr. Hermann Fischer and Dr. George Mannheimer. The discussion was participated in by the following: Jacobi, Einhorn, Friedman, Welt, Fischer, Freudenthal, Oulman, A. V. Moschcovitz, Salo Cohn, Sidney Yankauer and Pius Renn. It was an instructive meeting, as all the meetings of this association usually are.

THE NUMBER OF PHYSICIANS IN GREATER NEW YORK.

The new medical directory published by the Medical Society of the State of New York is out. From it we learn the interesting fact that in New York State alone there are 13641 registered qualified physicians. But Greater New York has nearly 1000 physicians more than all the rest of the State. The exact figures are: Greater New York 7249, the rest of the State 6392. No wonder some of the doctors in G. N. Y. have slight difficulties in paying their rents.

THE ILLEGITIMATE MOTHER.

Of all the unhappy creatures in the world, the illegitimate mother has certainly been the unhappiest; no human being has been made to feel the sting of scorn so acutely as she has; a murderess has not been considered more criminal, more disgraced, more impossible. Fortunately all over the world a kindlier, gentler, more humane feeling is making itself felt. We are beginning to recognize that very often she is not to blame; she is only to be pitied and sympathized with. In Germany many societies are working hard to create a more humane sentiment towards the illegitimate mother and the illegitimate child, and we were extremely pleased to find a good word for them in the now famous report of the Chicago Vice Commission.

The Commission has the courage to say that

"A large number of maternity cases, especially where the child is the first born, often represent *a most lovable type of woman* [all italics ours] who gives herself for love's sake, not counting the cost. She sometimes sins thru her better nature and her higher impulses, and if her child were legitimatized, and she herself had the family recognition, *a woman of this type would rapidly rehabilitate herself*"....

The Report further calls attention to the Norwegian law, which went into effect January 1, 1910, in accordance with which an illegitimate child has equal claim on its father and mother; it may bear its father's name; *it has the same rights of inheritance as his legitimate children;* it has the right to an education within the means of the *wealthier* of the parents; it may live with its mother or can be placed elsewhere to board. Whichever parent has not the care of the child must pay for its support and

education. The mother's confinement expenses must be borne by the father, and he must also pay for pre-confinement expenses if her condition has incapacitated her for work. He must in any case pay her expenses six weeks before her confinement, and three months after, or nine months after if she nurses the child. If several men are implicated, all must pay their share.

Yes, the little nation on the Western Coast of the Scandinavian peninsula is doing some fine work, and may in many things serve as a model to some bigger and allegedly much more advanced nations. But we are also beginning to progress, and the Report of the Chicago Vice Commission is one of the proofs of it. It is a hopeful sign of the times.

"A NEW CONSCIENCE AND AN ANCIENT EVIL."

Nobody should fail to read this series of articles by Jane Addams, which now appears in McClure's. The first article appears in the November issue, and gives a glimpse of the so-called white slave traffic in Chicago.

While I do not expect that Miss Addams will dig down to the real root of the evil — the real root is not the depravity of the wretches who wish to make profit out of the bodies of poor helpless girls; no, the root lies much deeper — and while I do not expect that she will offer a really radical remedy—none of our American sociologists has yet had the courage to do that—still her articles are worth reading. She certainly uses no equivocal language in speaking of the police and the politicians. And she proves conclusively that both the police and the politicians are directly interested in the profits of prostitution and the White Slave Traffic. And if an unsophisticated green policeman ever attempts to do his duty and arrests a politically protected degenerate, he is sent away to the suburbs, and his life is made miserable until he is forced to resign. A fine system.

THE SPIROCHAETA PALLIDA AS THE POSITIVE CAUSE OF SYPHILIS.

The missing link in the chain of proofs of the etiologic relationship of the spirocheta pallida has been furnished. Hoffmann, Schaudinn's collaborator, has now succeeded in infecting rabbits with syphilis from pure cultures obtained from human sources. Every one of Koch's four requirements has now been fulfilled and the spirochaeta is now as well established as the cause of syphilis as Neisser's Gonococcus is as the cause of gonorrhea.

"THE DANGEROUS AGE."

William J. Robinson, M. D.,

Dear Sir:—In the October CRITIC AND GUIDE, you give a cursory review of "The Dangerous Age."

Being a man, you are not able to judge it competently—and you do not; you fail greatly. The book is worth while, and every woman—if she possesses brains—should read it.

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You seem to think that it is woman's one duty—if she is married—to make herself acceptable to her husband. You mention that the woman in "The Dangerous Age," having no massage nor hair tonic, gets rather stout and gray, and so her architect hurries away. Now, every woman—be she married or single—wishes to keep her looks and her figure, and will endeavor in every proper way to do so, but she does it for her own sake, not because some man wants her to.

In one issue you even mention the disagreeable breath some women have, and its effect in disgusting her male consort or attendant. Now, why don't you mention the breath of the man, nasty beyond description with liquor and tobacco (things he might avoid if he cared about offending the sense of smell in his wife) and rendering himself obnoxious to all who have olifactory nerves in fair condition. When a woman's breath is disagreeable, it is because she cannot help it, not because she acquires it. Why can't you be fair?

Of course, you are one-sided and egotistical—that goes along with being a man, but you have lived years enough to overcome some of your most potent failures in character. If you do not soon change, I'll know you are past hope.

Anyhow, don't think the worst of women. They are really worth while—in homes, in professions and in every sort of place.

A DANGEROUS WOMAN
Aged 43.

How thoroly feminine and consequently utterly illogical the above letter is! The good lady says that a woman tries to keep her figure and good looks for her own and not for husband's sake. But the heroine of "The Dangerous Age" *did* stop attending to her body as soon as she retired to her villa, and it was this neglect, as she herself tells us, that cost her her architect. And let me tell my good correspondent that it is not true that women would be just as anxious to keep their looks and figures if they did not have to please men. The same as men would not be well groomed if thay did not expect to meet women. This is done right along, consciously and unconsciously. *It is a law of nature.* Put away a thousand women on an island where they would never expect to see a man. Then visit them, say, in a year or two. It would be an instructive sight. The same with men. As to the bad breath. Of course it is just as nasty in a man as it is in a woman. Unfortunately, under our present economic condition, man is the master and he has the power to choose and to discard. And as my sympathies have always been with the feminine sex, I thought it my duty to tell my fair readers that a bad breath in a woman is fatal to any hopes of conquest, and that it often served as one of the predisposing or exciting causes of divorce.

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And the idea of accusing me of not being fair to women!

Me, who is considered a too enthusiastic champion of the feminine sex, and who is going to deliver in a few days a most thundering lecture on Man's Inhumanity to Woman!

Now, what's the use?

P. S. As to the statement that being a man, I cannot be expected to understand woman, it is slightly or altogether boshey. Nobody understands woman as well as man does, that is man who has made a study of her, of her sexual psychology, and has had some living specimens to study from.

PHYSICAL WORK IN TUBERCULOSIS.

Complete and prolonged idleness is not good for anybody—either healthy or sick. The prolonged enforced rest cure in the tuberculosis sanatoria for the rich often produces a sort of mental and moral deterioration which is unmistakable. And in this respect, as in several others—tho not in as many as the apologists for the present social system would make us believe—the poor fare better than the rich. For in the sanatoria for the poor, the patients are made to perform light physical work as soon as their condition permits it.

Dr. Carling in his report of the Maitland Sanatorium says: The condition of muscular fitness which has always been aimed at is now reached, not by long aimless walks repeated day by day, rain or fine, *ad nauseum,* but by an organized system of graduated work, begun as soon as a period of rest and observation has furnished the necessary data as to the patient's state.

The poor do not consider it beneath their dignity to do gardening, to saw or chop wood, etc., while the rich think it an imposition to make them perform useful manual labor when they pay twenty to forty dollars a week. They ought to be made to understand that the work is for their benefit, for their physical and mental health, and are not made to engage in it, because the Sanatorium wishes to save the wages of a day laborer.

MY EUROPEAN TRIP.

It is easy to create a habit. My readers have become used to reading the description of my summer trip in the Fall issues of the CRITIC AND GUIDE. And I received a number of letters expressing disappointment at my failure to say something about my vacation in the October issue. Well *deo volente,* a brief sketch will appear in the December issue.

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Sex Morality - Past, Present and Future or Monogamy versus Variety.

BY EDWIN C. WALKER, NEW YORK.

Doctor Jacobi's essay* is so admirable in so many ways, is so frank and so candid and so informed by the scientific spirit, that at the outset the possible critic is denied the spur of outraged feelings; he may not draw from the "deeper sources," whose waves, we are assured, sweep over and swamp the frail craft of human reason. He must argue, he must use logic, he must "preach," if he is to reach the ear of the reasoning and ethical human being. No doubt the greater part of the intellectual force he expends, as was the greater part of the intellectual force of millions before him, is ineffective in so far as tangible changes in human customs and institutions are concerned, and this for two reasons: On the one hand, the errors in the arguing and the preaching; and, on the other, the inability of most hearers and readers to comprehend a statement of scientific facts and a logical argument made. Nevertheless, even as Dr. Jacobi, thinking men and women will continue to interpret non-human and human facts, will continue to argue for their interpretations, will continue to advocate personal reforms and social changes that seem to be in harmony with those interpretations—in short, will continue to reason the best they can, will strive to place wiser and better guiding hands on the levers of the on-rushing engine of human emotions. Because from the "deeper sources" is lifted the curious and unreasoning mob that blocks the street against the firemen is no reason why the disciplined and cool-headed police should not clear the street and establish the fire-lines—on the contrary, it is because of this very ebullience of the primitive emotions that the police must be there and must establish and maintain the fire-lines.

Speaking of war, it is remarked that "if lives are sacrificed, the profoundest sympathies must be enlisted in the cause." The historical fact is that the hireling soldier and the conscripted soldier have appeared on the field even more often than has the fanatical volunteer, and neither hireling nor conscript was moved by sympathy for "the cause." With the hireling, it was a matter of cold calculation or the love of adventure; the conscript had no choice.

Even Dr. Jacobi admits the part played by intellect, by teaching and precept, in creating or directing those very emotions and sentiments which he argues are dominant, particularly in the field of sex-action. Speaking of "the controversy waged

* CRITIC AND GUIDE, July.

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around the sex-problem," he says, "here, especially, is opinion and behavior based on powerful emotions and sentiments, the *products* of heredity, education, race, and creed." I italicize "products." Two of the four factors he names as having created present opinion and conduct in sex-life, viz., "education" and "creed," are of the domain of thought. If education and creeds (precepts, dicta), in the past have helped form the body of emotions and sentiments which to-day aid in shaping our opinions and modifying our actions in matters sexual, are we not encouraged to hope and believe that the education which we in these later generations are imparting and the precepts that we are repeating will in turn have appreciable effect in forming the body of emotions and sentiments of the future? I am sure that Dr. Jacobi so thinks, or he would not have taken the trouble to prepare this excellent paper. "To tell the simple truth," he says, "these advocates have their emotions enlisted in behalf of the double standard thru heredity and upbringing," thus again assigning to education ("upbringing") a creative role, as regards emotions and feelings. So, also, in the quotation from Lecky which he italicizes—"much of our feeling on these subjects is due to laws and moral systems which were formed by men."

The cruel persecutions in all ages, some of which are instanced by Dr. Jacobi, and which sympathetic emotions were unable to prevent, were due to the acceptance of false premises or to illogical reasoning from sound premises, and hence prove not the weakness of reason, *per se,* as against emotion, but the strength of reason even when faulty in origin and process and directed to anti-social ends. In other words, beliefs not founded in fact and reasoning which was erroneous in premise or method or both perverted the normally kindly emotions of men and women or served as the tools of their cruel and vindictive creeds.

When we speak of the inequitable treatment of women having its root in "primitive emotions," might it not be judicious to ask *how* primitive those emotions are supposed to be and whether the blame is not less to be laid at the door of primitive emotions than at the door of primitive reasoning, which was theological reasoning? Did not the matriarchate antedate the patriarchate, and so may we not claim that, if emotion was the active factor in the about-face, the more primitive emotions were not so unfavorable to woman as were the later? Or, was it a change in feeling or a change in the mental outlook, primarily, the shift of the theological direction of worship, that chiefly was responsible for the later degradation of women? When Earth was the Mother, sex was cleanly worshipped and woman seems to have been equal with man or paramount to him. But when the Sun took the place of chief god and the male Christ successively ascended the throne in this or that land, the old order changed to the new and women descended in the scale of importance. Only in the Church of Rome does there linger an element of the old régime in the form of the Virgin, still wor-

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shipped as the mother of the male god. By so much only is Rome nearer to the period of the matriarchate than is Wittenberg or Geneva.

The failure of the attack of the Greek and Roman writers and of the Christian Fathers upon the double standard, does not, as Dr. Jacobi thinks it should, "astonish those who put their faith (partly) in preaching." For two reasons: First, it has not been, at bottom, a fight between logic and emotion but between two forms of logic. On the one side were the teachings of a more primitive theology, impressed almost indelibly on the race in one of the most plastic stages of its existence and drilled into the children of the later ages in the most receptive period of their individual lives. On the other side were the secular teachings, the appeals for human justice, made by a few exceptional men. Precisely so in the special domain of religion—the comparatively few Freethinkers have had, and now have, to fight with the weapons of a better reasoning against all the inculcations of thousands of years, the parent-taught, church-taught, State-taught reiterated casuistries and dogmas that each generation has had and still has to learn.

Second, the proponents of the single standard have been handicapped from the beginning of the race by the needless burden they took upon themselves. They essayed the impossible task of bringing all men into and holding them in the narrow groove of monogamy. They tried to bring all men down to the level of abnegation and dwarfing to which all women had been condemned, by men and by women. The very opposite course is the one indicated to every thoughtful student of human nature who is sufficiently emancipated from the thraldom of ancient theology to search for facts without bias and to face them without flinching. The advocates of a certain theory of sexual relations have had, and have, so little faith in the soundness of their theory, so little faith in the strength of any system founded upon it, so little faith in its ability to win out over all rivals in the arena of a fair test, that they have done all they could, and still do all they can, to prevent the free evolution of the family, by penalizing all divergent theories and practices, at the same time admitting that prostitution and venereal diseases are gigantic evils with which they struggle hopelessly.

"While these savages attach so little importance to the purity of their women," etc. In what does the "purity" of woman consist? With us, the word means conformity to the standards we have set up for women. If the women of these tribes conformed to their standards, each one to that of her tribe, were they not "pure," measured by those standards? Then did not these savages attach just as much importance to the "purity" of their women as we do to that of ours? Did they not, do not the survivors now, punish departures from their standards just as rigorously, to say the least, as we do departures from ours? The truth is, we are trying to test their conceptions of purity

by the conventional social acids with which we test our own. But when we rise above conventions and seek the essentials of sexual purity, we are sure to discover that very often our claims are as unfounded as many of theirs would be seen to be could they be brought to formulate them in the terms of our psychology. If we define "pure" sexual relations as the unbought, unsold, associations of a man and a woman who love each other—and how else could any rational, self-respecting, ethical man or woman define them?—we are shocked to realize how much sexual impurity there is in nominally monogamic lands; and so great a proportion of it sheltered under the sacred roof-trees of monogamic homes.

Lecky's famous paragraph always has seemed to me very suggestive of implications that he did not perceive. "On that one ignoble and degraded form (the prostitute's) are concentrated the passions that might have filled the world with shame." But is not the world filled with shame as it is? Is not prostitution itself a shame and a reproach to civilization? And what shall we say of the homes it has *not* saved, of the homes into which from its altars have been carried the horrors of venereal disease, bringing the aftermath of wrecked and shamed wives and blinded children? Paraphrasing Lecky, the prostitute, "herself the supreme type of vice," "is ultimately the efficient" excuse of the popular moralist in refusing to look the sexual problem squarely in the face.

"Action is ever followed by reaction. After centuries of extreme discrimination against women in matters of individual liberty, we are now witnessing a return swing of the pendulum, which threatens to carry us to the opposite extreme of unlimited license," says Dr. Jacobi.

But there are two reactions, and the one not named is the really retrogressive one. The reaction from the restriction of woman's liberty in the past to the restriction of man's liberty in the present and future is proceeding swiftly and widely in sentiment and far from negligibly in law. It is not at all strange that with few exceptions the most active workers in ascetic "moral reforms," usually wrongly called moral and reforms, are middle-aged and old men and women, probably never overly strong in observation and ratiocination, and who now have well-equipped forgetteries. What they do not wish or need now they are quite sure they never needed or wished, or, if they did wish it, the desire was an evidence of their then unregenerate state; and they are positive they are doing righteous work when they force all others, regardless of the wishes and needs of the others, to conform to the present standards of the atrophied censors. In a new direction, in the misused name of science, they are blithely demanding the enactment of laws about the ultimate effects of which they are in total ignorance, because, if for no other reason, there is such an entangled mass of causes that not even the most earnest and thoro student of science is

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prepared to hazard positive assertions, much less to take any but the most cautious and tentative steps in social experimentation. But the aged and forgetful panaceists rush heedlessly along, having little difficulty in finding legislators as ignorant and irresponsible as themselves to abet them in their reckless and irremediable tinkering.

It is a mistake to say that "all are agreed that the driving power behind women who join the ranks of prostitutes is the most extreme poverty" if by that it is meant that poverty is the driving power behind *all* women who become prostitutes. The same temperament and lack of delicate sensibility and a high ethical standard that lead so many men to buy the counterfeit of love are operative in inducing many women to sell the counterfeit of love. This is proved beyond the possibility of successful dispute by the fact that in all historical ages, as now, very many women entered into loveless marriage relations, not, as some did, of course, for the bare necessities of a poor home, but that they might thereby enjoy the luxuries and social position they could not otherwise obtain or otherwise obtain with so little labor. The psychology that leads some women to thus prostitute themselves within the marriage pale indubitably leads others to prostitute themselves without that pale.

A not inconsiderable contingent is recruited among young girls who have made a "misstep" and against whom in consequence a besotted and cowardly public opinion has shut the door of hope.

Others frankly go out from the light of social respectability because only outside can they find freedom in the gratification of the imperious desires which they share with their brother men.

Still others, inexperienced in and impatient of life they regard as "dull" and "prosy" or as too laborious, go to the underworld for the care-freeness, the gayety and frivolity, which they delude themselves or have been deluded into thinking they will find there without countervailing vexations and sorrows.

Some have descended to where they are because indulgence in alcoholic stimulants and in narcotics robbed them of self-control and so of self-respect, and some have taken their departure from the hells of unhappy marriage.

For, after all, despite the guess of the economic panaceists, prostitution is not an exception to the rule that every effect has many causes, near and remote, direct and contributory. The inevitable corollary is that no remedy is a cure-all.

To all the prophesiers of the ultimate triumph of the monogamic ideal, even to the author himself, I would earnestly commend this most trenchant paragraph of Dr. Jacobi's essay:

Nowhere else is causation so complex and so elusive as in the phenomena constituting social science. Even the immediate effects of present causes can be outlined dimly and with great difficulty; the remote effects are beyond computation. This

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obstacle, however, does not deter our self-styled prophets. Seizing some factor now prominent in its influence, they proceed to construct a definite future upon the basis of its present action, as if any cause will go on producing its effects for all time, without being crossed and recrossed by thousands of other causes working out their thousands of effects. It is assumed that one thing will change while others will remain unchanged.

No one can see to-day what will be the effect upon monogamy of the free play of individual and social forces for the next hundred or thousand years. What modifications may not be wrought by the political and industrial readjustments of woman's sphere, by the advent of really free divorce, by the intelligent control of conception, by the differentiating work of group marriage, of polygamy, of polyandry, of trial marriage, of frank variety among self-supporting free men and women, by the progress of medical science and sane sociology in limiting or extirpating venereal disease?

Lecky had the faculty, not so rare as it should be, of expressing his thought in such a way that the reader, unless he critically examines the assertion, gets the impression of having been told something that is indisputable. Dr. Jacobi remarks that the utilitarian arguments in favor of monogamy are summed up by Lecky in three sentences: "Nature, by making the number of males and females nearly equal, indicates it as natural. In no other form of marriage can the government of the family be so happily sustained. In no other does woman assume the position of the equal of man."

The approximately equal numbers of the two sexes proves nothing for monogamy that it does not prove for a group marriage, with the advantage for the latter that the despair of bereavement is mitigated and orphanage prevented. It proves nothing for monogamy that it does not prove for a system of variety wherein the sexes are equal in freedom and responsibility.

Taking the other two statements together, by what process of self-bewildering could Lecky have induced himself to hazard such assertions? When he wrote, the now swiftly hastening movement for the recognition of the equality of woman with man, within marriage and out, hardly had more than fairly begun. The wife did not "assume the position of the equal of" her husband. He was the single absolute head of the family. as he is often to-day; the wife was not his equal in any respect, whether in the special domain of sex, the ownership and control of property, or the possession and training of the children. The property she made or inherited was not hers; the letters she received were not hers; the children she bore were not hers if, under no matter what grievous provocation, she separated from her husband. She was not an entity in the eyes of the law. Her body was not hers—how short a time it is since in England an action would lie for the legal "restitution of the marital rights" of her husband!

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The "government of the family" was "happily sustained" by the legal and, if he felt so disposed, the actual, tsar, the husband. If, as of course often happened, the wife was the stronger of the two and so ruled *de facto* in the household, she could not rule *de jure,* and she was not his equal in the broader social view of the situation. If to-day there is legal and practical equality of rights in many monogamic homes, the change has been wrought by vast outside political, economic, and ethical agitations and revolutions, identical with or related to those that Dr. Jacobi has shown us are operating to abolish the double standard. There is little if any evidence that the monogamic home, as such, has been a positive factor in bringing about its own improvement or transformation. Negatively, it has had this effect, for it has been one of the most conspicuous of the terrible examples of the inequality of rights of the sexes which have stirred thinking, conscientious men and women into action for society-wide reform.

Even if he had been as right as he was wrong in asserting that in monogamy woman assumed "the position of the equal of man," he was not in a position to know what we know now, that such equality has come to women and men in love relations other than monogamic, and is now so coming to ever-increasing numbers of them.

We have been warned repeatedly against the hazards of prophesying, and I agree that it is a temerous proceeding, but as Spencer has been permitted to say that "The monogamic form of the sexual relation is manifestly the ultimate form; and any change to be anticipated must be in the direction of completion and extension of it," perhaps I may be pardoned for declaring that this assumption is not warranted by the results of the study, up to this time, of human psychology and sociology; that, in fact, just the opposite conclusion is indicated. By Spencer's own doctrine, development is from the simple to the complex, from the homogenous to the heterogenous, and I see no reason why the relations of human sexes should be the one exception to the rule, why ultimately all men and women should voluntarily enter into one form of sexual relationship and all find therein for the whole of their lives the greatest possible physical, moral, and emotional health. But there is not space here for me to go into this phase of the general subject in detail; and that has been done elsewhere, by others and by myself.

If it be true that human passion is diminishing as civilization advances, instead of merely modifying the forms of its manifestation, and limiting its "natural" results, then it needs no power of divination to foretell the dying out of the race if this diminution continues without check. But if the outbreaks of passion are less frequent and less violent because the emotions are being brought more and more under the control of the intellectual and ethical faculties, then the outlook is most

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hopeful for an improving humanity so long as the earth continues to be fairly habitable. Quite likely the truth lies somewhere between the two hypotheses.

The order of development in point of time puts the emotions before the intellect and ethics latest in the series. But this order of appearance does not justify us in classing them as low, and higher, and highest, morally. *Per se,* they are equally immoral, non-moral, or moral, as you choose your term. Body, emotions, mind, ethics—all are absolutely essential; there is no full man or woman otherwise. When you rate the body as "low" or list the sexual desires as "lower instincts" you in effect say that the trunk of the human tree is rotten *ab initio,* and yet you expect healthy branches of "higher faculties" to spring therefrom! It is the *use* that is "low" or "higher" or "highest." Muscle is not in itself "low," tho muscle may be used in the commission of an anti-social act. The sexual organs are not in themselves "low", tho their injudicious or reckless use may bring to pass anti-social results. The intellect is reckoned among the "higher faculties," tho misused intellects have planned and executed the most colossal crimes against society and its component units. Ethics is "high," yet untimely or misapplied morals have precipitated immense social disasters. The good and the evil alike are in the use. The foundation is not low or impure because it is first in order of time and is nearer to the ground than is the superstructure, the tower, or the dome.

The Causes of Prostitution

BY FREDERIC BIERHOFF, M.D., NEW YORK.

Under the general heading of the term "prostitute," we might class all those individuals, male, or female, who indulge in promiscuous sexual intercourse, for a financial consideration, or for pleasure. The law does not recognize the existence of the male "prostitute," and this individual is of less interest or importance, than the female offender; first, because he does not make a trade, or business transaction of the sexual act, and, secondly, because, owing to purely physical conditions, he is far less likely to spread venereal diseases broadcast, at least during the active stage of the disease.

If we classed as prostitutes all those who indulge in sexual intercourse for material gain only, then we might also consider as prostitutes those men and women who enter upon a loveless marriage for financial or social reasons alone; for, excepting for the legal bond, the affair is purely one of tolerance of marital relations for a consideration, and, sooner or later, one or both of the parties thereto will break the troth. Is the married man, or woman, who indulges in promiscuous, extra-matrimonial intercourse, any the less a prostitute at heart, than the woman who frankly sells her body to the chance comer? Is the difference not purely one of degree? Is such a man or woman not more of a

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prostitute than the man and woman who, loving each other, choose to enter upon relations unsanctioned by the bond of the law, when, for some good reason, it is inexpedient for them to marry?

We should not class as prostitutes those who maintain sexual relations, in the absence of a religious, or civil bond, so long as these relations are governed by *affection*, and are not based upon some financial, or other, tangible renumeration, and so long as they are not maintained with several individuals.

It is not within the province of this paper however, to discuss the expediency of such relations.

In the eyes of the law, the prostitute is any female who permits men to cohabit with her, for a financial consideration. It is the woman of this class who is considered here.

Many believe the prostitute to be a criminal degenerate, and to be born with the tendency toward prostitution, just as they believe the thief, or any other criminal to be a born degenerate. Others believe her to be the unfortunate victim of poverty, or circumstances, or one whose weakness has been taken advantage of by some libertine, or conscienceless man. Others believe her to be an individual born with a weakened moral sense and weakened powers of resistance, as a result of which she gives way easily to temptation.

It is the writer's belief that, probably, the majority of prostitutes are such as the result of the first and third causes, and the great minority, indeed, in this country, at least, are the products of poverty, libertinism, or deliberate betrayal. Other observers think differently. It seems the custom to ascribe a woman's becoming a prostitute, in every instance, to the vileness of the male, and to look upon her only as a betrayed and deceived unfortunate, who is the product of man's perfidy; but the writer must frankly admit that, in no single instance, has any woman prostitute, who has come under his observation, been able to say truthfully, that she was a prostitute as the result of causes other than her own inclinations and choice. Some have attempted to make such a statement, only to tell the truth later on, after the writer had gained their confidence, and to admit that their former stories of entrance upon prostitution as a result of betrayal had been a fiction. As a result of these observations, the writer believes that the woman who has really been betrayed—unfortunately there are still too many of these—will, in the majority of instances, try to keep her secret to herself, and thereafter avoid similar pitfalls and mistakes. When pregnancy complicates the matter, it is very easy for the girls of this city to procure the performance of a criminal abortion, and, as the abortionists have, in most instances, acquired great skill in the performance of their nefarious work, there are very few cases in which exposure of the woman results. And when a child is born, there are numbers of institutions which will care for the children,—after a fashion,—and leave the mother free to earn her own living. Where exposure of the

woman's condition occurs, and she is forced to leave her home, there are plenty of institutions in this city, in which she may be cared for and her child born, and there is legal redress which she may invoke to reach her betrayer. Such women seldom become public prostitutes, and when they do, it is usually only temporarily, to bridge over, perhaps, a period of financial embarrassment; and they forsake prostitution at the first opportunity which presents itself, to again take up a respectable life.

With the true prostitute, however, seduction is only a passing incident in her career, and the life of prostitution is one of choice, and entered upon because it offers her the chance to wear fine clothes, and to live well, without hard work. She will be a prostitute at heart, and remain one, whether she be of royal birth, or have seen the light of day in a hovel. A prominent police official has told me that, in all his long experience, he has only known one or two women, who had been prostitutes, who really had reformed, and that they had done so as the result of having married. All of the others who had claimed to want to leave the life of prostitution, had been found "on the town" again, soon after their supposed "reformation" in institutions. Even where every inducement is offered to women of this character to lead decent and straight lives, the chance is seldom accepted, and neither matrimony, maternity, nor any other consideration will serve to keep the common prostitute long from her shameful course.

Let me cite a case in illustration of this: "A" was the child of respectable parents, in Russian Poland. After her mother's death, she was, when twelve years old, sent to this country, to her married brother. Her parents, and her brothers and sisters were all, I am informed, respectable people. Her brother could not control her; she refused to go to school, or to work, and, always headstrong and wilful, roamed about rather freely.—I can obtain no definite data concerning her entrance upon a life of shame, but she accuses an aunt of having induced her to do so.—While she was an inmate of a brothel, "B," an impressionable young fellow, saw her there, and, as she was a pretty, plausible girl, became smitten with her. She told him a pitiful tale of her childhood,—afterward found to be a lie,—and expressed a desire to leave her life of shame. Thereupon "B" married her. His mother, an unusually charitable and estimable woman, a widow, determined to make the best of her only child's mistake, and, taking her new daughter-in-law into her home, in a suburban town, tried to help her forget her past life. Both "B" and his mother agreed to keep that part of the matter a secret from everyone else, and, as the mother was highly respected in the little community in which they lived, it was easy for her to surround "A" with decency and refinement, even if not with luxuries. They had their own, comfortable little home. An illiterate before, they tried to teach her to read and write. All went fairly well, for a time, "B" and his mother, by their work, in a New York business-house, keeping the family of three in comfort, while "A"

kept house for them all. Then the husband became ill, and, after a lengthy period of illness, had to enter a hospital, for operation. Before and during the time of his illness, "A" had already begun to absent herself from home, sometimes for several days, on the pretext of visiting her relatives, in this city. Neither "B" nor his mother, suspected the true explanation, at that time. A short time before "B" was forced to enter the hospital, the family had moved to a comfortable little apartment, in this city. During "B's" stay in the hospital, the wife visited him at intervals,—but I saw her on the streets, in the "Red Light" district, also,—and it is known that, on one evening, when the husband was so ill that his death was expected before morning, "A" was seen by her own brother, to be out, in the company of another man, enjoying herself. After "B's" recovery, and return to his home, there followed a period of greater or less invalidism for him, during which the family lived on the mother's earnings, and what little they had saved up. "A," however, refused to use any part of her savings for their common use, during this period of trial, altho they were not inconsiderable. A few months later, "B" contracted gonorrhoea from "A."—Any other source was excluded.—I purposely kept him in ignorance of the true source of the infection, by means of subterfuge, and, after his recovery, he continued to live with her. Some time after this, he again had to be operated upon, after which the family moved back into the same suburban town in which they had formerly lived. His convalescence was slow, and "A's" trips to the city were again more noticeable. She also began to buy jewelry, and fine clothes. Finally, she was seen, in a brothel, in this city, and recognized, by two young men, her neighbors in the suburban town. When the knowledge became public property, she forced a quarrel with "B's" mother, and, after repeated quarrels and scenes, left the house, and came to this city for a time. Later on, there was a reconciliation, with promises of betterment on her part, only to be followed by repetitions of her outbreaks, and absences. Finally, on her return from one of these, it was found that she had contracted syphilis. Her husband, thereupon, refused to continue marital relations with her, whereupon she deliberately disposed of all their common belongings, including some belongings to "B's" mother, claiming them all as her own. When her husband refused to give his signature to the legal papers disposing of their holdings, she perjured herself, by swearing out a warrant against him, charging him with beating her, and with other, worse crimes, and haled him before a magistrate, and it was only because of the known good character of himself and his mother, and the absence of any proof to corroborate the wife's charges, that he was discharged, after the hearing. By the aid of some dishonest lawyer, she succeeded in evading the law governing the transfer of property, disposed of everything, and came to New York to take up her old trade.

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It is true that poverty is, in foreign countries, a potent factor

in starting many women upon their life of prostitution. If poverty, *alone,* were the cause, then in this country, at least, prostitution should be much less common than it is, and the ranks of our public prostitutes would be recruited chiefly from among the poor. But this is notoriously not the fact. Most of the lower class of prostitutes, who, as stated elsewhere, are recruited chiefly from among the Slavonic races, find conditions in this country infinitely superior to those under which they existed in their home countries. Yet, in many instances, they enter upon a life of prostitution *after* their admission to this country. In their home countries, they lived in greater poverty, and under oppression which is absent here. Those who know will not dispute the fact that, while poverty and illiteracy among the Italian immigrants are also very great, the proportion of women who choose a life of shame, from among this race, is very small, indeed, when compared with the Slavonic and British races.

Were poverty alone the cause of prostitution, then we ought not to find among the prostitutes, as we do, so large a percentage of women of American birth, who were born and brought up in the country, or in the small towns,—for, in these, dire poverty and necessity are almost unknown—and we should not find, as we do, that among those who go to make up the ranks of the middle and better classes of prostitutes, and especially among the clandestine prostitutes, in almost all instances, those girls who come from the country were the daughters of people who were anything but poor. And we should not find so large a proportion of women who have professions, such as trained nurses, teachers, stenographers, actresses, etc., among the clandestine prostitutes.

There is no doubt, however, that poverty does, at times, lead women to become prostitutes. Low wages, and long periods of idleness are responsible, in some cases. But the woman who lacks the criminal tendencies, usually forsakes that life as soon as her financial condition has improved.

While it may be difficult, at times, for the woman who has led a life of prostitution, to forsake that life in those countries in which inscription is the rule, it is an entirely different matter in this country and city. Here, in the City of New York, it is an easy matter for a woman who has erred, and who has no criminal record, to practically change her identity, by moving to another city, or by changing her name, and moving to another part of this city. People, here, give but scant attention to their neighbors.

Were poverty alone the cause, then the poorer paid among the employees of factories, stores, etc., ought to furnish a greater proportion of women leading immoral lives, than those who are paid better; but this seems not to be the case, if we may judge from the observations and statements of those who have these establishments under their charge, and who state that they find the greatest percentage of immorality among the better paid among their employees. And where poverty is advanced as the

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cause of their prostitution, it is not because these women could not earn a *living* wage; but because the amount which they could earn by honest labor was not enough to give them the luxuries and finery for which they longed.

It is natural for individuals to try to better their position in life, and to desire comforts and amusements. It is natural for women to desire finery; but, while some are satisfied to obtain these gradually, and as the rewards of industry and thrift, others are ready and willing to resort to any means, fair or foul, to attain their ends more quickly.

The following case may serve to illustrate this point: "C" was referred to me by one of my patients, whom she had infected. He had met her in one of the finer "call-flats," and, during a conversation with her, noting her youth, she told him that she was not yet 17; that she had only been leading an immoral life for about three weeks, and that she had been driven to enter upon it as a result of necessity. The sister had become ill, and she had been compelled to stay at home and nurse her. As a result, their little savings had gone, and only when the landlord had threatened to dispossess both of them, for non-payment of rent, and when there was no longer any money left, even for food, had she determined to sacrifice her honor, in order to keep a roof over themselves and to get food, until they could again return to work. My patient's sympathies were aroused, and he made her a gift of twenty-five dollars. He was almost unwilling to credit my statement that I believed her to be the source of his infection; but, at my request, sent her to me, for examination. This disclosed that she was infected with two venereal diseases. During the course of the subsequent treatment, she gradually disclosed the *true* story. She admitted that she had lied to my patient, just as she did to all her other "customers" (who, she said, were "easy marks"), in order to arouse their sympathies, and to get more money from them for herself. She was about 18 years old, and the daughter of a mechanic. The father had died, and the mother re-married. She had been a misses' cloak model, and the sister a seamstress. She had been in the habit of going frequently to matinees, and had there met the man who subsequently seduced her. She had known that she was taking a wrong step, but had readily consented, because "she was afraid he would not meet her any more, if she didn't." It had turned out, later, that he was a sort of procurer. When he tried to induce her to enter a brothel which was kept by his mistress, she had refused to do so. Later she decided to leave home, because of repeated quarrels with her step-father. She left home, and went to live in a "boarding-house," where she received telephone-calls to "call-flats." A month later, she was joined by her sister. When I saw her, the two had been public prostitutes for over six months, altho she was not yet 18 years old. When the dangers of the life of prostitution were pointed out to her, by me, and the fact emphasized that in the first six months she had already contracted two dis-

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eases, she answered: "Oh, well! I don't *have* to get them, do I? I know how to be more careful now." When asked why she did not give up such a dangerous life, and get an honest position, she answered: "When I was a 'cloak-model,' I got eight dollars a week, but I need sixty dollars a week to keep me in the style I want to live in." She resumed her promiscuous intercourse, in spite of repeated warnings, before she could be pronounced cured, altho she continued the treatment until well.

Were lack of education a potent factor in the causation of prostitution, then we should have to find a majority of uneducated, or illiterate women among the prostitutes; but while, as stated before, at the present time the ranks of the lower classes of prostitutes are recruited from among the comparatively illiterate of foreign birth, I do not hesitate to say that the majority of the prostitutes are not really *illiterates,* and that a very fair percentage of them are women of average education—that is to say that almost all of those of American birth have had a common school education. I have known a number of them who have received even a higher education, and who had moved in excellent society. In corroboration of this, Miss Miner, the Secretary of the New York Probation Association, says: "Of one hundred and forty-five girls I found nearly eight per cent. illiterates, and eleven per cent. who were able to read and write a foreign language only. Of the remaining number, all of whom could read and write English, I should judge that about one-third had received but very little education and could do no more than barely read and write. Nearly five per cent. had entered a high school and had a very good education. Few of the foreign girls can read easily their own language, as most of them have been but a short time at school in the foreign country from which they have come.

It has been my general impression with the large number of girls in the Courts that about two-thirds of them had a common school education and that one-third had had little or no school training."

There is no doubt that poor home surroundings and bad home influences play a prominent part in the causation of prostitution. Poor housing, and the lack of sufficient privacy, are also factors in creating the prostitute; but here again we must note that these factors are of weight only among the poorer classes of inhabitants, while among the moderately and the better situated classes, and particularly in the country, the surroundings leave little to be desired, as far as privacy and a moderately hygienic character are concerned.

Whether in the city or the country, home influences are prominent factors in the formation of children's characters. Yet how often do we find that girls who are surrounded by every influence for good, by refinement, comfort and love, become either clandestine, or public prostitutes. I could cite many cases of this sort, of which I have personal knowledge.

In a city like ours, which is still in its formative period, which

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is growing like a sturdy young giant, so rapidly that the development of its character can not keep pace with its growth; whose citizenship is composed chiefly of individuals who are in the vast majority of instances born in poverty, and who are as a result of their industry rapidly becoming wealthy, it is hardly to be wondered at if materialism is the ruling creed, and wealth, and the power which its possession conveys, are the shrines at which these individuals worship. It is not strange, altho it is deplorable, that these men and women should strive to attain wealth and power, even at the sacrifice of ideals. The subordination of everything else to the struggle for wealth and power, brings with it a weakening of the intimacy of the family ties. The father, striving to give his family all that wealth can give them, leaves the care and supervision of the children to the mother. The mother, if the family be poor, often relegates these to the children themselves, or to some institution; if wealthy, usually to some servant,—for the women of our wealthier circles, it seems, cannot find the time to be true mothers. Even in the middle classes there seems, at the present day, a growing tendency to adopt measures—more or less reprehensible—to limit the families to one or two children, because the bearing and bringing up of children interfere too greatly with the "social duties"—save the mark!—of the women.

The poor have large families; but, because of the struggle for existence, can not give the children proper care and attention. The better-situated, so-called "middle class," voluntarily limit the size of their families; but, in the main, give their children reasonably good care. The so-called "higher class" both voluntarily limit the size of their families, and fail to give their children the intimate, loving care and attention which the child has the right to expect of its parents.

There can be no question but that alcohol plays a large rôle in the causation of prostitution, not only thru its hereditary influence in weakening the body and the mind, but also thru the direct effect which it has in increasing the tendency to recklessness, and in diminishing the powers of moral resistance. The moral sense is blunted, and the girl loses sight of the possible effects of her carelessness, and succumbs to temptations which she might, under normal conditions, successfully resist. Who, that knows the life of New York, will dispute the statement that the indulgence in alcoholic drinks is increasing, among women, from year to year? And who, that walks with open eyes, will deny the truth of the statement that young girls are growing more reckless in the matter of indulgence in strong drinks? And who will assert that these youngsters do other than ape the actions of their elders? The young girls only do what they see their own mothers, or the other older women of their particular "set" doing. The difference in the "class" may be measured by the difference in the drink. From champagne for the wealthy, down to the can of "mixed ale" or beer, for the poor.

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The evil counsels of other girls or women are a potent factor in inducing women to take up prostitution. It is usually some older girl or some vicious woman—who points out the ease with which large sums of money may be made, and an easy, luxurious life attained, while denying, or glossing over the dangers,—whose persuasions overcome the scruples of weak and unthinking girls. In the case of the girls put on probation, after arrest for "street-walking" in this city, the answer to one probation-officer's inquiries as to why they had entered prostitution was, in many cases, that some older girl, an acquaintance, had suggested it, as an easy way to make money. "She told me how easy it was, and how much money I could earn by this work." This answer has often been given by prostitutes to my inquiries also.

It is not an infrequent occurrence, particularly in recent years, to find young female children who are veritable prostitutes. Just how these little girls first begin, it is hard to say. I feel confident, however, that, in a large percentage of the cases, other vicious girls, of the same age, or slightly older, teach them. The water-closets, in the yards of the old-style tenement houses, or even in the schools, serve for this purpose, and it is in these that many children, of both sexes, entirely ignorant of the gravity of their practices, first learn about sexual intercourse. And the vestibules, hall-ways, or staircases of the tenements are their brothels, where, with the boys of their own age, they prostitute themselves. From these it is but a step to youths of older years, or to men; and from play, the sexual act becomes a business.

The records of our Children's Society contain many harrowing tales of childish depravity, and my records contain not a few. I treated, a few years ago, a boy of eleven years, who had contracted gonorrhea from his own little cousin, a girl of the same age as he. He told me without reserve, after I had gained his confidence, that their place of assignation had been the water-closet in the yard of their tenement-house home, and that this little girl had infected several others of their playmates with the same disease.

While it is true that among the lower classes of prostitutes, the activity of the infamous "cadets" was responsible up to very recently for the entrance of many ignorant women into a life of prostitution, this industry has, to some extent, been cut down, —at least for the present—thru the activity of the police in arresting these individuals, and in getting sufficient evidence to send them to prison as vagrants, or, where the crime itself could be proven, as felons. However, I believe that it was in but a small percentage of the prostitutes of the City of New York, and that only among those of the lower classes, that the entrance upon a life of shame was traceable to the crimes of these "cadets," and it is a fact that, whenever one of these women, thus led into prostitution, has evinced the slightest desire to lead a better life, there has always been plenty of opportunity for her to better herself and to forsake prostitution. It is often advanced that

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these women are frequently held in virtual slavery by these "cadets," or "pimps." I have always doubted that this belief is founded upon facts. It is perfectly true that, in a comparatively few cases, it has been proven that ignorant foreigners have been thus abused, but these have *really* been only isolated instances, which have soon come to the knowledge of the police, and, when the hand of the law fell upon such a malefactor, it fell heavily. A *purely voluntary* subjection of these women to their "lovers," or "pimps," exists frequently, particularly among the lower class, just as the European prostitute has her "Zuhaelter," or "Louis," or "Maquereau"—for these are the European equivalents of our "cadets" and "lovers." But this is a form of "slavery" which can readily be terminated by the woman. She is not a prisoner, and needs only to appeal to the police effectually to terminate the "slavery." That the evil, however, did exist under former administrations can not be denied. The sending to prison, a few years ago, of a notorious negro brothel-keeper, for virtually enslaving the white inmates of his brothel, proved this. But even this was an isolated case. We are accustomed, in this city particularly, to frequent outbursts of hysterical journalism by newspapers which have neither the honesty, nor the desire to retract their erroneous statements; and every case in which an unfortunate woman of this class has been discovered, has been exploited to the fullest extent, and the belief spread that cases of this kind were the rule, in this city. I believe that, in truth, but a small percentage of the prostitutes can *truthfully* say that they have become such as a result of the activities of the "cadets," or that they have remained such because of "white slavery."

In support of this view, I would quote from the statement of former Deputy Police-Commissioner Woods, on a recent occasion, in this city. This gentleman, who was in charge of that portion of the police work which concerns itself with prostitution and the prostitutes, and who is thoroly familiar with the true conditions here, stated that, in his opinion, the "white slave" traffic is not as great as is usually believed and that he has not found it to obtain, except in the case of foreigners. On the same occasion, Dr. Hutchinson stated that, of all the women who entered homes for reclamation in this city, only from 3 to 5 per cent. had come there thru seduction. He further stated his belief that prostitution is a "trade instinct," which belief I share with him.

I firmly believe that heredity plays a very prominent part in the causation of prostitution. Whether the heredity taint of a weakened moral sense be due to alcohol, or syphilis, to mental or nervous diseases, or to any other cause, or combination of causes, it seems to be a fact that the normally balanced female will successfully resist the temptations which may beset her, where she who is not normally balanced will succumb.

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Probably the most potent factor in this city, in causing

women to become prostitutes, is the desire for finery and luxury, and to live a lazy, easy life, among surroundings such as their birth, bringing-up and earnings would not allow them to enjoy otherwise. I have come to this conclusion as the result of the admissions made to me by prostitutes who come under my notice, as patients. This view, I find, is shared by a large number of the police officials with whom I have spoken upon this topic.

At a recent meeting of the American Society for Sanitary and Moral Prophylaxis, Mr. Frank Moss, the president of the Society for the Prevention of Crime, made the statement that, in the opinion of an ex-brothel keeper, the chief causes of prostitution in this city are "pimps and the police," and that a prominent politician had told him that the most striking development in prostitution, in New York, was the "male prostitute." In the opinion of Mr. Moss, prostitution is "less chargeable to the evil desires of women, than to the insistence and cupidity of men." This sounds well, for it places the blame where it has been customary for the "reformer" to place it all along,—on the wicked men who prowl about, seeking innocent women to dishonor and betray. Bosh! The adult male has sexual desires, which he is going to satisfy, whether in matrimony or out of it, and so long as there is a man—with the necessary money to pay them—who desires sexual intercourse, there are going to be women who will proclaim themselves ready to gratify his wishes, so long as he pays them for it. They need not to be enticed into prostitution by threats, promises, force, or drugging; they go into it with their eyes open, and with a full knowledge of the step which they are taking, and solely as a matter of business,—call it "trade instinct," if you will,—and for the financial remuneration. The "pimp" is rather a *result* of prostitution than a cause, as is also the "grafting" of the police.

I firmly believe that the normal adult male will, unless there be insurmountable obstacles (of personal or financial character), always prefer matrimony to traffic with prostitutes, just as I refuse to believe that the average normal man finds delight in the seduction or betrayal of innocent womanhood. The "cupidity and insistence" of the man cannot compare, as a factor in the causation of prostitution, with the cupidity and vanity of the female.

The law of demand and supply holds good in prostitution, just as it does in any other traffic, honorable or nefarious.

So long as there is a demand for prostitution, their supply will keep pace with the market for them. So long as men and women are born with sexual functions, these will develop, and their demands be gratified; for, altho the sexual function may be controlled in some individuals, in others it cannot or will not be. In this respect, as in all others having to deal with vital functions, it is impossible to make a rule which shall be universal in its applicability. We were not all created with the same ap-

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petites, nor with the same power of control over them. Less dogmatism, and more study of, and understanding of the individual and his or her weaknesses, would make us less of hypocrites and Pharisees than we are.

How to Attain Good Health and Longevity.*

BY WILLIAM J. ROBINSON, M. D., NEW YORK.

No essay on the attainment of good health and longevity would be considered complete if it did not contain the rather hackneyed advice to be careful in the choice of one's parents and even one's grand and great-grand parents. I am not going to give you that advice. First, because it is too late in the day for you to profit by it, and second because I do not consider it of such overwhelming importance. For while of course I do not deny the influence of heredity, I do maintain that its importance has been tremendously exaggerated, and I further maintain that the blind belief in the omnipotence of heredity has been responsible for incalcuable harm, has ruined many a life, and has driven many a person to insanity or a premature grave. Heredity is important, but it is far inferior in importance to that of environment. The children of tuberculous parents need not be in any greater danger of getting tuberculosis than the children of healthy parents, and the same is true of cancer, and almost true of insanity, etc. Environment, plus proper training can overcome most hereditary tendencies and the child of sickly parents can be developed into a perfectly healthy individual, the same as the child of a father-thief and a mother-prostitute can, if taken away from "home" and brought up in an ideal atmosphere, be developed into a cultured, refined and perfectly honest man or woman.

This subject of environment vs. heredity is a big one and would alone require an entire evening for its proper discussion; I will therefore merely emphasize, that many things which we are wont to ascribe to heredity are really the results of infection, imitation or surroundings, and that physically, as well as morally and intellectually, environment is a much more important factor than is the so much misunderstood, on the one hand so much overrated and on the other hand so much dreaded, heredity. And those of you whose parents were afflicted with some reputedly hereditary vice or disease may come out from your slough of despond and, provided you can create the proper environment, look hopefully to the future. Tho it does not mean that you should not put yourselves into the best possible condition and give *your* future children as healthy parents as you possibly can.

* Delivered at the Twilight Club, October 17th, 1911. The two other papers of the evening were by Dr. H. W. Wiley of Washington and Rev. Madison C. Peters. Upton Sinclair and Eugene Christian also spoke briefly. In view of the fact that the subject had to be condensed within a period of twenty minutes, the paper is necessarily fragmentary. A more complete and detailed essay on the subject of Health and Longevity will appear in a future issue of THE CRITIC AND GUIDE.

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What is the proper environment? What are the conditions necessary for the attainment of health and longevity? I take it that by health you mean not only physical strength, but also intellectual power; an athlete with big muscles and the thinking capacity of a little kitten has never been my ideal, and long life *per se,* with memory gone and reason tottering, is not a desideratum. Better to be really dead and buried than to be a living corpse.

Let us see what the requirements are for a long and effective life. To give reasons and proofs for each one of my statements would exceed the time of a single evening's lecture. I shall therefore have to be somewhat dogmatic.

In this necessarily concise discourse I shall touch briefly upon the following points:

Food: Quantity, quality, number of meals, spices and condiments, coffee and tea, alcohol and tobacco.

Air, Bathing. Physical Exercise. Vacations. City versus country.

Peace of Mind. Intellectual Work. Congenial Occupation. Association with the Young.

The Sexual Life.

The Influence of Quacks.

FOOD.

Contrary to the statements of our dear faddists and self-styled dieteticians, the food should be liberal in amount. Children in the growing period particularly, should be given a plentiful supply of food. A boy of twelve requires as much nutrition as a day laborer. However, after sixty, and in some cases after fifty, the amount of food should be reduced. As to the quality of food, I am sorry to give my vegetarian and other faddistic friends a pain, but a mixed diet, consisting of bread and butter, cereals, meats, vegetables, fruits, nuts, etc. is the best diet. But meat once a day is sufficient, while fruit should be consumed in abundance. Those who know anything about the factors of safety, know that we must eat more than is necessary to support life; we must lay up some reserve tissue, and a good deal of reserve energy. As to the number of meals, most people will get along best with three meals—a light breakfast and a substantial luncheon or dinner. Some people require four or even five meals a day, while some people, intellectual workers particularly, get along very well on two meals. But the meal should not be gulped down and the quick lunch should be abolished.

Regularity in meals is desirable, but it is well not to coddle your stomach too much, but to let it know once for all that you are the master, and not the slave. So that if you happen to be forced to miss a meal, you may not feel weak and faint. Personally I take three meals a day, can take four or even

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five, but can also go twenty-four or thirty-six hours without any food or water, without the slighest difficulty.

Spices and Condiments. The abuse of anything does not militate against its proper use. The most useful article of diet may when used to excess prove injurious; so may spices and condiments. But I do not share the faddist prejudice against them, when used in moderation. Experiments have shown that spices and condiments aid both in the digestion and in the assimilation of food. They therefore do not deserve the anathemas they have been getting at the hands of our amateur dietiticians. There resides in them, however, one danger; by stimulating the appetite they may make an unreasonable person eat more than is good for him.

Coffee and tea. Coffee is best left alone altogether; it does have a bad effect on the hearts of many people, it impairs the digestion of some and causes insomnia in others. Weak tea, however, prepared by macerating a few leaves for a half or one minute is distinctly beneficial. It acts as a harmless stimulant, not followed by any reaction, and acts also as a flush for the stomach and kidneys.

About the necessity of pure unadulterated food I shall say nothing, as I expect Dr. Wiley will take care of that.

Alcohol and tobacco. I suppose I am expected to say something about the deleterious effects of alcohol and tobacco. Personally, I have never smoked, and I am practically a total abstainer. And tho I know that you can elicit the most deafening applause from the gallery by picturing the results of smoking and drinking, however moderate, in lurid colors, I refuse to ally myself with the hysterical band of exaggerators of both sexes. Of course excessive drinking and excessive smoking are bad, and nobody will defend them. But the claim that a moderate indulgence in tobacco or that a glass of beer or wine with meals is injurious, is untrue. And the statement so often made—I met it only to-day in a quasi-medical journal—that the moderate smoker invariably becomes an inveterate smoker and that the moderate drinker invariably or even generally becomes a chronic tippler is disgustingly false. I know people who are smoking two or three cigars a day; they have done so for decades and they have never felt the need or the desire to exceed this limit. And I know hundreds of people who for twenty, thirty or forty years have always taken a glass of beer or wine with their principal meals. They do not enjoy their meals without their beverage, it is an aid to their appetitie and digestion, but they never feel the need or the desire to increase the amount or the frequency of their daily dose. And when I see the pleasure that some people seem to derive from an after dinner cigar, the sense of contentment that comes over them when they can commune undisturbed with Lady Nicotine, I am almost sorry that I have not learned to smoke. But please do not misunder-

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stand me. Because a thing used in moderation is *not injurious* to health, it does not mean that it is *necessary* to health.

AIR.

Of course air is important, and we must have an abundance of pure air. But we must not make a fetish even of fresh air. I know that many people have paid with colds and pulmonary troubles for their injudicious worship of this fetish. I do not think it is necessary to sleep with open windows at all seasons of the year, nor am I willing to ridicule draughts, and cold raw night air as causes of disease. Let us remember that even Swiss Guides, who are all the time in the fresh air, and on high altitudes, are carried off by consumption as frequently as our population is. And have you ever seen how the Holland peasants sleep? Just a hole in the wall, in the literal sense of the word. A hole large enough for a bed to go in, and in this hole neither a breath of air, nor a ray of light can penetrate. And the man and woman, and often a child, sleep in that hole. And still there is no hardier race than the Dutch.

BATHING.

Bathing is useful, but this also is a fetish that is worshipped too much, particularly cold bathing. A cold bath, a cold douche, is beneficial to healthy individuals, but I have no doubt that cold water injudiciously used has sent many people to early graves. People with arteriosclerosis, or with heart disease should be extremely careful about cold bathing, and should not do so without the advice of a competent physician. People over fifty or fifty-five should also abate their cold water enthusiasm. The most appropriate would be a hot bath once a week, and a cold towel rub every morning, with the feet in hot water. People who suffer with nervousness and insomnia are in need of warm and not cold baths. Sea bathing is very beneficial, but should not be indulged in by the aged, except under proper precautions, nor should children, who have a great fear or dislike for water be forced to take a dip. And I might say it here as well as elsewhere, that I am not a great friend of the hardening process for children. Many of them have been hardened into corpses. And too much hardening may be as injurious as too much coddling.

PHYSICAL EXERCISE.

PHYSICAL EXERCISE is essential. But by physical exercise I do not mean the silly dumb-bells and Indian clubs or the senseless running about or competitive rowing, etc. Good muscles are not synonymous with good health, a hypertrophied biceps often goes with a hypertrophied heart, and it has been demonstrated beyond any question that as a general rule athletes do not enjoy longevity. No, I do not refer to our senseless injurious athletics, or to competitive games and feats, which I consider very detrimental to health. I refer to real physical work in the open, such as sawing and chopping wood, gardening, etc. There will be a

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time when everybody, no matter how intellectual his occupation, will be expected to do two or three hours' physical work daily. Of health recreations, walking, with a pleasant companion, comes first in order and is within the reach of almost everybody. Horseback riding and rowing are next in order.

VACATIONS.

Nobody should have to work more than nine or ten months in the year, and I consider a complete vacation of two or three months a year essential to good health and longevity. But by vacation I understand a complete change of surroundings and scenery. Everybody will have his favorites, but in my opinion nothing can compare with a trip across the Atlantic and a month or two in the Swiss Alps. The Tyrol is nice, the Black Forest is nice, Norway and Sweden are nice, but all in all Switzerland is the ideal spot. But do not make the mistake of going alone. Dulness can prove killing even in Switzerland. Take your wife along, or some chum or some other companion of the same or opposite sex. And the peculiarity of a good vacation is that while at the time being it may not seem to be doing any good, it often exerts its beneficial effects for several months after you have returned to your ordinary home life.

CITY VERSUS THE COUNTRY.

We hear so often and have gotten so used to endless encomiums of the country, that we are apt to repeat them parrot-like. As a matter of fact the modern city is healthier than the country, and the mortality rate is lower. And as to intellectual work, one can turn out a good deal more of it than in the country. The dulness and monotony of the country do not contribute to either perfect physical health or intellectual efficiency. A residence of two or three months in the year in the country is beneficial, but this is different from permanent residence. If we could have things our own way I would say: Spend the first ten or fifteen years of your life in the country, the next forty years in the city, and then go back again to the country to die.

PEACE OF MIND.

I do not know if among all the factors necessary for the attainment of health and longevity there is one that equals in importance the one just mentioned. While it is true that peace of mind alone will not make a person healthy and long-lived, it is true that the *lack* of peace of mind will minimize and nullify all other factors. You may be born with a good heredity, you may have all the food and the fresh air you want, you may be able to go on frequent vacations, but if you are not at peace with yourself, if something is gnawing at your vitals, if you are pursued by the demon of fear, if the canker of worry has taken possession of you, then your chances of good health and long life are very slim.

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Worry which is but another name for fear is a real slow poison. There is nothing that will weaken the body, drive away the appetite, destroy sleep, diminish the secretion of urine, depress the sexual desires and all other functions so much and so surely as worry will. Whatever you do, do nothing that will deprive you of that greatest of all possessions, your peace of mind. And one more thing. Do not get angry if you can help it. For what I said of worry applies with equal force to anger. Anger is a poison, and in people with defective arteries may work as quickly as a good dose of Prussic acid.

INTELLECTUAL WORK.

Of the need of intellectual work *per se* I will not speak. It is brain, and not muscle, that rules the world now-a-days. And I am not even sure of the truth of the threadbare Latin saying: *mens sana in corpore sano.* It is sufficient to mention Kant, Voltaire, Darwin and Spencer to be convinced that a gigantic, a titanic mind can reside in a weak, sickly, insignificant body. But I wish to speak of the value of intellectual work on health and longevity. Good health and long life demand that we be interested in life, that we have some novel sensations, new ideas, etc. Drudgery, dulness and monotony kill; interest stimulates and rejuvenates. And intellectual interests belong to the purest and best stimuli, unaccompanied by any depressing reactions. Some of my Wall Street patients will sometimes tell me of the terrible amount of mental work they are doing. I do not refer to that kind of work. That is not mental work. That is mental worry, mental scheming, perhaps mental brigandage. Such mental work shortens life. I refer to mental work of a pure, elevating kind. I refer to intellectual interest in literature, in languages, in social questions, in science. Such interests have in my opinion a distinctly beneficial effect on longevity. The newspapers occasionally bring stories of semi-idiotic rustics who have reached the age of a hundred years or over. Against these we can bring the authentic examples of Berthelot and Chevreul, who worked every day in their laboratory at the age of one hundred and two, and hundreds of other scientists who retained their full faculties at the ages of eighty and ninety.

CONGENIAL OCCUPATION.

One of the great tragedies of our social system is that so many thousands and thousands of people are obliged to be engaged in occupations for which they are not suited and which they hate with every fibre of their soul and body. Uncongenial or hateful occupation not only deteriorates the mind and depresses the spirit, but it also weakens the body; it has an injurious effect on our metabolism, both the anabolic and katabolic processes being distinctly depressed.

By all means, select if you can a congenial occupation, which you love, work in which you are interested, and if at all possible,

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be your own master. Being always in fear, conscious or unconscious, of losing your job or of being taken to task by your superior does not contribute to mental and bodily health.

ASSOCIATION WITH THE YOUNG.

This is a very pleasant and useful means of keeping young. Not only young in mind, but also in body. My esteemed friend, Dr. A. Jacobi, who at the age of eighty-two is as active and as bright mentally as many a man half his age, ascribes his youthfulness in great part to his constant association with bright young people.

THE SEXUAL LIFE.

I regret to say that I belong to that minority of people who have opinions on the sexual question, which do not meet with the full approval of Mrs. Grundy, and who are courageous enough to proclaim their opinions publicly. I believe in the sexual necessity for both sexes, but particularly for the male, and in regular moderate sexual gratification. I believe that the second strongest instinct we possess has not been given us for the purpose of repression or perversion. I believe that the best interests of the body and the mind are not served by complete abstinence. I do not speak of the weaklings who are virtuous because they are impotent; nor of those few geniuses whose work takes up every atom of their energy. I speak of the average man and woman, and in them regular sexual gratification commenced at a rather early age, is an important factor for good health, intellectual efficiency, spiritual satisfaction and long life.

And I tell you, the constantly growing number of bachelors and old maids is creating a problem with which we will have to deal in some way. Some of our bachelors and old maids have solved the problem for themselves, but to a large number of people, who have moral or religious scruples or are afraid of venereal disease or of pregnancy, this is a terrible problem, a problem which often drives away sleep, destroys the appetite, blanches the cheeks, breaks the heart and wrecks the soul.

While on the subject of the sexual life I should like to refer to a remedy which has a most remarkable effect on the rejuvenation of old men, in renovating them physically and mentally, but it is a remedy which I have very great hesitancy in mentioning. In fact, before an ordinary audience I would not mention it. But speaking as I do to an exceptionally intelligent and an unquestionably moral audience, I have faith that my utterances will not be misconstrued. I trust that you will understand that I am speaking merely as a scientist; that I am stating a scientific fact and am not offering you this as an advice to be followed. I am simply telling you of experiences in my practice and in that of other physicians, but I am not drawing any conclusions. I am referring to sexual intimacy with a much younger person. The relationship of an old man with a young woman

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often produces a most marvellous effect on the former. It makes him look and feel ten or twenty years younger, adds new zest to his life, imbues him with new spirit and energy, and makes him turn out work which he was incapable of doing for years. The same holds good of the relationship between old women with young men. For this reason so many old women, particularly in France, try to buy themselves young men. Even on the potency of old men it sometimes has a wonderful effect. Men who had been practically impotent for years, have been known to regain their sexual powers on getting up a liaison. And even a temporary sexual change is sometimes of signal benefit to old men. This remedy, however, is a double-edged sword, and improperly used it may prove fatal instead of beneficial. I have known old men whom their marriage or liaison with young women hastened on to their grave. Nothing will send an arteriosclerotic or cardiac old man to his grave more quickly and more surely than an exacting young wife or mistress.

It is therefore a remedy which must be used with great judgment and circumspection—and moderation; and only on the advice of an experienced physician.

THE INFLUENCE OF THE QUACKS.

And now last, but not least, if you wish to enjoy good health and obtain longevity, you must avoid quacks.

A quack is one who meddles with things of which he knows little or nothing.

Every trade, every science has its experts; when the water-pipe leaks we call a plumber; when our watch is out of order we give it to a watch-maker; when we want to analyze a mixture or detect an adulteration in our foods or beverages we consult an expert chemist; to build a bridge or dig a tunnel we employ an engineer; if we wish to cross the Atlantic we entrust ourselves to experienced and licensed captains; but when that most delicate and most complex of all machines, the human organism, is out of order, then every illiterate, every ignoramus, who has no familiarity with either the structure or the functions of the human body, considers himself competent to meddle with it; and every amateur considers himself capable of giving advice how to attain good health and longevity. That such advice, when not consisting of silly platitudes, is often perniciously dangerous, goes without saying.

To give but two examples. In a popular health journal, which in spite of the fact that my good friend Upton Sinclair is one of its regular contributors, I cannot characterize otherwise than as a quack publication, there was published an article in which the author told us that common salt was a poisonous article of food. He considered it the cause of many diseases and he commanded the readers to eschew it entirely from their diet. As reasons for his pronunciamento, that wonderful chemist and physiologist stated that common salt, which is chemically sodium

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chloride, consisted of sodium and chlorine, which were both deadly poisons, and besides, he said, none of the fluids or tissues of the body contained any salt, so why take in a foreign body? As to the last statement, any schoolboy knows that it is ridiculously false, for all the fluids and tissues of the organs, all our secretions and excretions do contain common salt or sodium chloride in great abundance. As to the statement that salt consisted of sodium and chlorine, each of which is poisonous, that is true, but that great chemist was evidently ignorant of the fact known to anybody who has had three lessons in chemistry, that two or three or more substances, which separately are poisons and deadly, may when chemically united, form not only a perfectly harmless, but a most beneficial substance, necessary to life and health. And *vice versa*: Substances in themselves harmless may when chemically united form deadly poisons. It is sufficient to mention hydrogen, carbon and nitrogen, in themselves harmless, but which when chemically united in the proportion of one, twelve and fourteen form the deadliest of all poisons, namely hydrocyanic or Prussic acid. As to the dietetic advice to leave out salt from our food, every true hygienist knows that common salt is an *essential* constituent of our diet; all animals need it. Experiments in depriving animals of salt have been made numbers of times, and in each case the result was disastrous. (I know there are a few cranks who do not use salt with their meals and give this as a proof that one can get along without it. But they are too ignorant to know that they take salt with practically every article of diet they consume. Meat contains salt, vegetables contain salt, bread contains salt, etc.) In short, if anybody wanted to follow the advice about eschewing all salt from their diet, he would be in a sorry plight. And he would certainly not attain good health.

So much for the chemistry, physiology and dietetics taught by our amateur health advisers and healers. So much for the advice given to the healthy. Now a word about amateur medicine, about the advice given to the sick. In a recent editorial the editor of Physical Culture advised the people not to keep their children, who happened to be ill with diphtheria, in bed; let them get out and run about. If ever there was a pernicious, deadly criminal piece of advice given, it was this. Anybody who knows anything about medicine, knows that in no disease is the heart apt to be so weakened as it is in diphtheria; when the child is apparently getting well, an extra exertion may cause heart failure. And if the lives of our children are dear to us, we must keep them in bed, until every trace of the disease is gone. But here comes an ignoramus, who probably never saw a really ill diphtheritic child, and brazenly advises us to throw all caution to the winds and to put the lives of our little patients in jeopardy. This is but one example of the dangerous, deadly advice given by our quacks, but it is quite sufficient to convince any thinking

man that the quack should be shunned like the bubonic plague or Asiatic cholera.

CONCLUSIONS:

I have said nothing striking, I have made no sensational statement. I know it is only by giving vent to idiotic assertions, by making some absurdly exaggerated claims, by uttering with aplomb some impossible inanity, that you are apt to get into the limelight of publicity, but even at the risk of missing such a glorious opportunity, I must say that the experience of mankind during the last twenty or thirty thousand years, plus the real knowledge acquired by true scientists in the domain of physiology, hygiene and sanitation are safer guides than the baseless assertions and emphatic *ipse dixits* of sincere, amiable faddists or insincere and rapacious quacks. The choice is between science and common sense on the one hand, and ignorance and sensationalism on the other. This is a free country and you are at liberty to choose.

Presidential Address.

BY H. SEYMOUR HOUGHTON, A.M., M.D., NEW YORK.

President of the Alumni Society of Bellevue Hospital.

Gentlemen and Fellow Members:

On an occasion such as this it is difficult to withstand the temptation to refer to our membership as a body of "picked men." This designation might have in it a sense of the vainglorious, of unbecoming self-adulation, were it not for the fact that the selective feature was not done by ourselves and was attained by each one only after such a gruelling period of midnight oil, such heart-breaking efforts to outdo our fellows in the daily strife for knowledge and efficiency, that the very recollections of those weary days and nights come back, I hope not so often to others as to me, as a hideous nightmare. We stand together because the selection was the reward of something done, a victory gained, a work accomplished, each one as he crossed the line thrilled with the sense of being a cup-winner. I can conceive of nothing more inspiring than being welcomed into the ranks because one has earned this welcome and nothing could be more foreign to the spirit of it than any association of self-conceit with the accomplishment of the ambition and dreams of a young man just entering upon his career. This kind of a "picked man" is the one we are proud to say we know, proud to be associated with, whether he comes to us from the humbler walks of life or from the seats of the mighty.

"A little touch of nature makes the whole world kin" and it is the sense of kinship which makes this society of "picked men," each one of whom has won his way to the service in Bellevue Hospital, something a little above the ordinary associations which bring us together.

To one, therefore, who feels it a sufficient honor to be en-

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rolled in the roster of the Society of the Alumni of Bellevue, the call to preside over its meetings and deliberations is certainly a compliment of the highest order. The very energy and life which made the Society possible in the beginning, makes progress essential now, and it is this thought which leads me to take the progress and work of the Society as my text, following as it were the line of thought of my distinguished predecessor, Dr. Crandall, who last year discussed the history of the Society, and of Dr. Sayre, who spoke of Bellevue Hospital itself the year before.

Much discussion has taken place in recent years as to the value in college life of the Fraternity system, those opposing it making the argument that it not only disturbs the democratic spirit that should rule in a body of undergraduates, but tends to an unwelcome spirit of clannishness. Those of us, however, who have passed thru our college course as members of one of these organizations, (even tho the little human weakness crops out in the admiring glamor bestowed upon the jeweled emblem of mystic Greek letters reposing on the bosom of one's best girl) who understand the basic purpose of these orders, entertain no doubt as to the value they possess in the development of the mind. Among his friends, his peers, his equals, a man is at his best, can show his best work, and what is more, his honest work. Perhaps I am a pessimist in some matters, but I confess that in many cases of elaborate papers and studied theses as read before our formal scientific bodies, or given in our medical journals, there appears to me the ring of the Pharisee, the flavor of the ego. What man in this room before this audience would dare to get up and say that his was the last word on the subject? And if it were the last word, where would it as quickly be recognized as such and full credit given him?

And now to the point of my argument. We have had great men of world fame on our rolls, men whose work has been finished and who have gone on beyond. We have great men today, learned ones, to be long with us and whom we know and recognize and honor. We have learned ones whom we know and honor, but do not recognize, and it is to this temporarily submerged fraction that I direct my longing eyes to-night. Let us not think or assume that the work and progress of our society must rest upon the old war horses of the campaign, able and willing as these are. Some of us are getting old and set in our ways, and we need the refreshing fragrance of new and youthful ideas.

Nothing in the code exists to discourage the ex-house physician or surgeon of last year from contributing what he has learned on the service. While this Society wears no Greek letter pin, the same spirit prevails, the same equality among the younger and older. If some of the younger members know too little it is certainly equalized by some of the older ones knowing too much (that isn't so), and we must, therefore, come out even. What is true in the College fraternity is true here—equality

thruout, equality of opportunity, of recognition of effort, and what is more, of welcoming of effort.

What some men have accomplished, while done under the incentive of a prize to be won, can certainly be done by their colleagues in the way of entering more generally into the discussion of topics as they arise, done not because a prize is in view, but because we wish to hear them,and expect to learn something, and moreover, because the very act of discussing a paper encourages the speaker to further effort, to say nothing of the advantage to all of us in thus becoming acquainted from an intellectual point of view. By all means, therefore, let the man who comes into this room fresh from the wards, brush aside his maidenly modesty, and assume at once his rights as an active co-worker with his fellows, assured of the sympathy and recognition to which his work so thoroly entitles him.

One of the factors which I regard as having great influence in making our meetings each month as successful as they have been is the place of meeting. I am a great believer in environment as making for or against the probability of a man, fatigued with the day's work, being willing to forego the temptation to remain at his home after dinner for rest and the society of his family. The change of the place of meeting from a hotel or restaurant parlor to this excellently equipped club, where we have met for the last few years, has seemed to me a very fortunate thing, which I hope will continue indefinitely.

The custom of ending the meetings with a supper more fully carries out this idea, and the policy of this Society in making the suppers as elaborate as they are appeals to me as a wise one, being sufficiently attractive to make it an object for every man to remain and enjoy himself, to say nothing of becoming in this way acquainted with his fellows under circumstances which otherwise would be very unlikely to present themselves.

Owing to the excellent work of our treasurer, Dr. Wilson, and those who preceded him, we have been enabled to have every two or three years a banquet, and I might mention that the one we have had this year (February 28) was of unprecedented size and interest; the attendance at Delmonico's being about one hundred more than had ever previously been present. The task of planning and carrying out the details of a celebration of this kind was no small one, and I think I voice the sentiment of the Society in expressing to the Committee of the Banquet, the hardest workers on which were Crandall, Nutt, Sellenings, Whitney and Wilson, our appreciation of the many and late hours spent by them in making this twenty-fifth anniversary of the founding of the Society a memorable occasion. Not the least striking features of the dinner and which personally pleased me greatly, were the sociability and comradeship present during the dinner from beginning to end.

That part of the celebration which brought about a reunion of the old staff members at the Hospital itself was properly regarded

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as having been a most happy thought, and Dr. Brannan deserves much credit for the efforts and interest on his part which enabled every one to see for himself what tremendous advancement has been made during the past quarter century in the whole scheme of hospital development in general, and of Bellevue Hospital in particular. I could not help recalling as I walked thru the new and beautiful wards of Bellevue a scene which I witnessed, and which reminded me in these days of immaculate aseptic surgical procedure, of how certain of the best surgical methods of that recent period of twenty-five years ago, if practised to-day, would give legal grounds for a suit in malpractice. The occasion I refer to was an operation for ligature of the exernal iliac in the Sturgis pavilion by the late Alexander B. Mott, the son of the even more celebrated Valentine Mott. The patient was lying on the operating table under ether, and as usual, all of the internes who could do so were present—perhaps some of my confreres present this evening may remember the occasion. Dr. Mott stepped to the table dressed in an afternoon frock coat, drew up his sleeves and exposed in the usual way the artery. Taking from the table an aneurism needle, he took from the lapel of his coat one of several silk sutures which he had previously carefully pinned there, threaded the needle, and then with equal care, after moistening the suture by drawing it several times over his tongue, placed it and ligated the artery. I remember my house surgeon, the late gifted Dr. Mitchell, telling me it was best to put all the instruments after an operation in boiling water as it made them dry quicker.

Those were the days, however, which saw the dawn of modern sepsis, and the doom of "laudable pus." I saw it in the stream of bichloride which splashed from an irrigator in an open knee joint when Dr. Dennis was suturing a fractured patella. What we have learned in the days which have passed since then has made the Bellevue of that period and all other hospitals an anachronism, a thing that is obsolete, a memory of bygone days, and when the last old stone or brick of the old building has given way to modern steel and concrete, to glazed walls and great windows, there will be left only the memory of old surgery and of old medicine, and we, the sons of that great institution will continue to strive, contributing our part to the wonderful progress of the age, to the end that what seems to-day complete and perfect and modern, may again become a something obsolete, anachronistic and out of date.

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THE MEDICAL GUIDE

Valuable Abstracts on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medical and Historical Facts.

Chancres from Kissing.

Our readers will probably recollect our editorial, The Price of a Kiss, in which we reported the case of a young girl who paid the fearfully heavy penalty of syphilis for the pleasure of one kiss. A most shocking instance of transmission of syphilis from kissing has recently been reported by Dr. J. F. Schamberg, of Philadelphia (*J. A. M. A.*)

A coterie of young men and women varying in age from 16 to 22 years gave a minstrel performance as a benefit and following this a banquet and party in which kissing games were indulged in. One of the participants, a young man aged 22, had a sore on his lip the nature of which he claims he did not know. This is possible, for we see many men and women with chancres on their lips or tonsils, who are utterly unaware of the seriousness of their trouble. Six young women kissed by him developed chancres of the lip and a young man likewise developed a chancre of the lip from the virus deposited on the lips of one of the young women, as he did not come in contact with the original source. In addition, a young woman kissed by the offender at another social function likewise developed a chancre, making eight in all. The Department of Health of the city had its attention called to the matter by a physician treating three of the cases and investigation developed the fact that the original source of the infection had noticed the sore on the left side of his lower lip about Feb. 11, 1911; March 3, he consulted a physician who, according to his statement, did not inform him of the contagious nature of the sore. This the physician denies and there is a question of veracity between the two. At the time of the examination by Dr. Schamberg the young man had the remains of a chancre on the lower lip, a pronounced tonsillar ulceration with mucous patches and a maculopapular eruption on the trunk. With his consent he was taken to the municipal hospital and treated with salvarsan. Five or six other young women at the several social functions were kissed by the young man but escaped infection. Of those who developed the disease, four had no knowledge of any prior abrasion of the lip, one had a fissured lip and one was in the habit of biting her lips. The source of the infection in the original case could not be ascertained definitely, but as the young man was given to frequent and promiscuous kissing it is probable that it was contracted in this way. Schamberg rightly concludes with a warning against promiscuous kissing in any case, a danger which should be impressed

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on the public generally and taught as a matter of every day hygiene. Physicians must also recognize their tremendous responsibility when treating syphilitic patients. It is perfectly true that many physicians do not sufficiently impress upon their patients the gravity of their condition, and the danger which they constitute to their relatives, friends and community in general.

NEW FORMULAS FOR THE NATIONAL FORMULARY.

The following are some of the new formulas that have been suggested for inclusion in the forthcoming edition of the National Formulary. The Committee is desirous of having them thoroly tried by pharmacists in different sections of the country so as to avoid, as much as possible, unfavorable comment after the final publication of the book. Comments and criticisms based on practical experiences will be welcome.

Elixir Amygdalæ Compositum.

COMPOUND ELIXIR OF ALMOND.

Oil of Bitter Almond	0.5 Cc.
Vanillin	1.0 Gm.
Stronger Orange Flower Water	150.0 Cc.
Alcohol	50.0 Cc.
Syrup	400.0 Cc.
Kieselguhr	10.0 Gm.
Distilled Water, a sufficient quantity to make	1000.0 Cc.

Dissolve the Oil of Bitter Almond and the Vanillin in the Alcohol, add the Syrup and then the Stronger Orange Flower Water, then the Distilled Water in several portions, shaking the mixture thoroly after each addition; then add the Kieselguhr, mix and filter, returning the first portion of the filtrate, if necessary, until it runs thru clear. Lastly wash the filter with sufficient of a mixture of Alcohol 1 volume and Distilled Water 19 volumes, until 1000 Cc. of product is obtained.

Elixir Glycyrrhizæ Aquosum.

AQUEOUS ELIXIR OF GLYCYRRHIZA. AQUEOUS ELIXIR OF LICORICE.

Fluidextract of Glycyrrhiza	150 Cc
Compound Spirit of Cardamon	5 Cc.
Stronger Orange Flower Water	200 Cc.
Glycerin	150 Cc.
Syrup	150 Cc.
Water, a sufficient quantity to make	1000 Cc.

Mix and filter.

Elixir Trium Bromidorum.

ELIXIR OF THREE BROMIDES.

Ammonium Bromide	80 gm.
Potassium Bromide	80 gm.
Sodium Bromide	80 gm.
Cudbear	2 gm.

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Compound Elixir of Almond, a sufficient quantity to make ..... 1000 Cc.

Dissolve the Bromides in sufficient Compound Elixir of Almond, add the Cudbear and allow the mixture to macerate in a closely stoppered bottle for six hours, with occasional shaking. Finally filter.

Elixir Aurantii Amari.

ELIXIR OF BITTER ORANGE. ELIXIR OF CURAÇAO.

Oil of Bitter Orange.	4 Cc.
Tincture of Bitter Orange Peel.	20 Cc.
Alcohol.	300 Cc.
Stronger Orange Flower Water.	20 Cc.
Syrup.	400 Cc.
Kieselguhr.	10 Gm.

Distilled Water, a sufficient quantity to make 1000 Cc.

Mix the Oil of Bitter Orange and the Tincture of Bitter Orange Peel with the Alcohol, add the syrup and then the Stronger Orange Flower Water and then the Distilled Water, in several portions, shaking the mixture thoroly after each addition; then add the Kieselguhr, mix and filter, returning the first portion of the filtrate, if necessary, till it comes thru clear. Lastly, wash the filter with sufficient of a mixture of Alcohol 3 volumes and Distilled Water 7 volumes, until 1000 Cc. of product is obtained.

Elixir Sodii Salicylatis Compositum.

COMPOUND ELIXIR OF SODIUM SALICYLATE.

Sodium Salicylate.	80 gm.
Fluidextract of Cimicifuga.	32 Cc.
Fluidextract of Gelsemium.	16 Cc.
Potassium Iodide.	16 gm.
Purified Talc.	15 gm.

Aromatic Elixir, a sufficient quantity to make 1000 Cc.

Dissolve the Sodium Salicylate and Potassium Iodide in 800 Cc. of Aromatic Elixir, add the Fluidextracts and then sufficient Aromatic Elixir to make 1000 Cc. Add the purified Talc, mix and filter.

Compound Elixir of Sodium Salicylate should be kept in amber-colored bottles, protected from the light.

Elixir Cardamomi Compositum.

COMPOUND ELIXIR OF CARDAMOM.

Compound Spirit of Cardamom.	10 Cc.
Alcohol.	90 Cc.
Syrup.	400 Cc.
Kieselguhr.	10 Gm.

Distilled Water, a sufficient quantity to make 1000 Cc.

Mix the Compound Spirit of Cardamom with the Alcohol, add the Syrup and then the Distilled Water in several portions,

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shaking the mixture thoroly after each addition; then add the Kieselguhr, mix and filter, returning the first portion of the filtrate, if necessary, till it runs thru clear. Lastly, wash the filter with sufficient of a mixture of Alcohol 1 volume and Distilled Water 9 volumes, until 1000 Cc. of product is obtained.

Spiritus Cardamomi Compositus.

COMPOUND SPIRIT OF CARDAMOM.

Oil of Cardamom	20.0 Cc.
Oil of Orange	20.0 Cc.
Oil of Cassia	2.0 Cc.
Oil of Cloves	1.0 Cc.
Oil of Caraway	0.1 Cc.
Alcohol, a sufficient quantity to make	200.0 Cc.

Mix the Oils with 140 Cc. of Alcohol, finally adding a sufficient quantity of Alcohol to make the spirit measure 200 Cc.

Elixir Vanillini Compositum.

COMPOUND ELIXIR OF VANILLIN.

Compound Spirit of Vanillin	20 Cc.
Alcohol	80 Cc.
Glycerin	25 Cc.
Syrup	300 Cc.
Kieselguhr	10 Gm.
Tincture of Caramel	20 Cc.
Distilled Water, a sufficient quantity to make	1000 Cc.

Mix the Compound Spirit of Vanillin with the Alcohol, add the Glycerin and then the Syrup and the Distilled Water in several portions, shaking the mixture thoroly after each addition; then add the Kieselguhr, mix and filter, returning the first portion of the filtrate, if necessary, till it runs thru clear. Lastly, wash the filter with a mixture of Alcohol 1 volume and Distilled Water 9 volumes, until 980 Cc. of product is obtained. Finally, add 20 Cc. of Tincture of Caramel.

Elixir Formatum.

ELIXIR OF FORMATES.

Potassium Formate	50 gm.
Sodium Formate	50 gm.
Aromatic Elixir, a sufficient quantity to make	1000 Cc.

Dissolve the Formates in the Aromatic Elixir and filter.

Elixir Rubrum.

RED ELIXIR.

Cudbear	2 gm.
Aromatic Elixir	1000 Cc.

Add the Cudbear to the Aromatic Elixir, in a suitable container, and allow the mixture to stand for six hours with occasional agitation, then filter.

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FORMULAS AND PRESCRIPTIONS

Iodoform Emulsions.

The following are the principal forms of iodoform emulsion used for injection in tuberculous bones and joints:

Calot's formula—

Iodoform	5 parts.
Creosote	2 "
Olive oil	50 "
Ether	50 "

Two to twelve grammes, according to age, to be injected; repeated at intervals of from 5 to 6 days.

Lannelongue's formula—

Iodoform	10 parts.
Creosote	2 "
Olive oil	90 "
Ether	40 "

To be used early and continuously.

Waldenstrom's formula—

Iodoform	10 parts.
Glycerin	70 "
Water	20 "

For injection into bony cavities after operation. The *British Pharmaceutical Codex* gives the following formula without glycerin:

Iodoform	10 parts.
Alcohol	2 "
Tragacanth, in powder	1 "
Water, to produce...	100 "

This emulsion is diluted with forty times its volume of warm water for injection into the bladder and into other closed cavities.

Mosetig-Moorhof Iodoform Plug—

Iodoform	60 parts.
Spermaceti	40 "
Oil of sesame ..	4 "

Heat to 100° C. (212° F.) and allow to cool. This is placed in sterile bone cavities after removal of the diseased area. It is warmed and poured into the cavity, and the wound closed.

—*The Prescriber.*

Application for Burns.

According to G.W. Anglin (*Jour. Indiana State Med. Assoc.*), the following takes the intense heat out of a burn very quickly:—

Phenol, 40 grammes.
Glycerin, 200 c.c.
Water, 800 c.c.

If the application be continued any length of time, it should be diluted one-third.

The inhalation of oil of peppermint is recommended in coryza. A solution of menthol in chloroform is much better: 30 grs. of menthol, ½ ounce of chloroform, a few drops to be inhaled from the palm of the hand or from a piece of cotton.

For Use in Gonorrhea.

External Use

℞ Sulphate of copper, 12 grains.
Sulphate of zinc, 24 grains.
Acelate of lead, 24 grains.
Fluidextract logwood, 1 dram.
Wine of opium, 2 drams.
Rose water, enough to make 16 ozs.

A syringeful of this is injected after each urination.

Internal Use

℞ Oleoresin cubebs, 1 dram.
Balsam copaiba, 1 dram.
White sugar, ½ ounce.
Acacia, ½ ounce.
Peppermint water, enough to make 4 ounces.

M. Directions — Teaspoonful 3 times daily.

—*Shoemaker.*

Plaster of Paris and How to Use It.

By Martin W. Ware, M.D., N. Y., Adjunct Attending Surgeon, Mount Sinai Hospital; Instructor of Surgery in the New York Post Graduate School. Second edition revised and enlarged—Price, cloth, $1.25. Surgery Publishing Co., New York.

The first edition of Dr. Ware's Book has been rapidly exhausted and the second edition has been completely rewritten and enlarged and its scope of usefulness has been greatly extended. Complete new drawings and marginal side notes in red embelish the book and ninety illustrations are used to more clearly put up to the eye of the reader the contents of its subject matter.

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THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

1 year, $1.00 Single copy 20c. Foreign $2.00

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XIV. NEW YORK, DECEMBER, 1911. No. 12.

EDITORIALS AND EDITORIALETTES

MADAME CURIE.

In THE CRITIC AND GUIDE for November we had an editorial on the relation of sexuality to mental activity. In it we stated that there were two types of mental activity, the scientific and the artistic and that the scientific was the non-sexual type. Hardly was the issue mailed, when the newspapers brought us the news of poor Mme Curie's entanglement. It seems that even the devotees of science are not immune against the arrows of Cupid, and that our classification was not strictly correct. That no strict line of demarcation can be drawn, and that there may be scientists with a strong sexuality goes without saying. Every thinker knows that such classifications are always relative, and not absolute. But Mme. Curie is not one of the examples which prove the rule. For Mme. Curie is a woman, and woman as a real scientist or mathematician is an abnormal phenomenon. Excepting the anesthetic pervert specimens, a woman without love is nothing. A woman must have have the love of a man. She cannot be happy and content without it. She may try to deceive others or even herself that she is happy in her work, in her solitude, but she will not be telling the truth. The world's one great woman mathematician, Sonia Kovòlevsky, professor of mathematics at the University of Stockholm, confessed that the love of a man would have been dearer to her than all her fame and glory.

Yes, a woman without love is a pathetic object, be she writer, scientist, artist, teacher or even professor.

The Curie incident called forth an enormous amount of newspaper comment, some of it silly, some of it fatuous and some wise. The sanest and most sensible editorials were, as is so often the case, those in the *New York Times*. Those in the issue of November 29th are particularly noteworthy. In the one entitled Reasons for Publicity, *The Times* very justly defends the newspaper for giving publicity to the whole affair. We have a right to know how the great and the saintly ones live, behave, feel and act.

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The public, says *The Times,* has a clear right to know how this institution upon which so much depends is working—whether it is perfect or imperfect—whether the rigors of the marital contract should, in present conditions, be increased, maintained, or mitigated. [Mitigated, mitigated, dear contemporary.] How exceptional people as well as how common people regard it must be known if marriage is to receive, not discussion—that will go on endlessly, anyway—but intelligent and effective discussion.

"*The finality of the old regulations is coming to be more and more questioned with every year that passes,* [italics ours] and it is a not invaluable contribution to the debate that Mme. Curie has made—at how dreadful a cost to herself!"

For *The Times* to admit that our marriage system is not a god-given, absolutely perfect, immutable unmodifiable institution, but something human which may need some change, and which it is at any rate neither obscene nor sacrilegious to discuss, is quite a valuable sign of the times. Let us offer our thanks for it, especially as to-day is Thanksgiving Day.

OUR FRIEND ANTHONY.

I learn that our friend Anthony Comstock is not pleased with THE CRITIC AND GUIDE. If he had his way, he would have it suppressed altogether and its editor incarcerated for life. Will somebody kindly drill a few little holes in St. Anthony's forehead, in order that the great truth of which he seems to be ignorant might penetrate into his cranium, the truth that there is an impassable gulf between mere obscenity and a scientific discussion of a sexual subject? Is he really so dense that he cannot see that never has there a line been printed in THE CRITIC AND GUIDE to which any rational, pure-minded man or woman could object?

Of course to the pure of the Anthony type everything is impure. But let us assure our friend that to mere filth, smuttiness, obscenity and pornography we are opposed as anybody ever can be. We even went so far as to make enemies in the radical circles, because we stated that he, Anthony, had some reason for existence, because without him, or some restrictive laws against obscenity, there would be a flood of indescribable filth and attempts would be made to get that injurious filth into the hands of schoolboys and schoolgirls.

But when it comes to medical or scientific discussions, we say as emphatically as we can: Hands off! We can brook no criticism, no interference from any ignorant layman! Hands off! we say. If the medical profession will supinely lie down and permit microcephalic ignoramuses or strabismic perverts to dictate to it as to what is proper and what is improper in a medical journal, then it will show that it is unworthy of its mission and will fully deserve its fate.

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We, for one, intend to fight any interference from either

blackmailing, or sincere but mentally perverted, ignoramuses, tooth and nail.

THE MORALS OF THE VICE HUNTERS.

There is a delicious little comedy by Thoma entitled "Morals". To read it is a delight, to see it presented by great actors is a rare privilege. We read the play and saw it presented by the incomparable actors of The Little Theater in Berlin. In that play the official vice hunters, including the president of the Society for the Suppression of Vice, are proved to be anything but saints. In fact they prove to be the most frequent visitors to a certain notorious demi-mondaine. I should like to see this play presented on our stage; you are convulsed with laughter from the moment the curtain rises until it goes down in the last act.

But this is not the point. The point is this: Is it possible that our official vice hunters and vice suppressors would, on close investigation, prove themselves to be built of anything but saintly clay? Is it possible that some of them might be shown to be perverts and wallowers in filth and obscenity? Is it possible?

"MAN'S INHUMANITY TO WOMAN."

Yes, it is over and it was a great success from every point of view. The full title of the lecture was: The Relation of the Sexes and Man's Inhumanity to Woman. When we spoke last year (What to do with the Prostitute and how to abolish Venereal Disease) the attendance was record-breaking—for that time. The number of diners was 263; this time we again broke the record; the number was over 400, besides those who came after dinner. It will be a long time before the Sunrise Club has another such attendance.

No, this lecture will not appear in THE CRITIC AND GUIDE. But I am getting out a book which will bear the title: Sexual Problems of To-day, and this lecture will form one of the chapters in the book.

VIRGINS AND LOCOMOTOR ATAXIA.

The question has often arisen whether or not locomotor ataxia has ever been observed in virgins. Careless observers would be apt to answer the question in the affirmative. More close investigation, however, would disclose the fact that, practically in every instance syphilis was without doubt present as the underlying cause. Thus Mendel and Tobias, in an examination of 151 women suffering from locomotor ataxia have found 14 who were unmarried. However, 9 of these 14 admitted having had sexual intercourse and must therefore be left out of the question so far as virginity is concerned. Of the remaining five, two claimed to be virgins. But there was an element of doubt in each case. One had been treated several years before with mercurial injections on account of some disease of the eye.

The other had had a syphilitic lesion of the lip 14 years before. There was no doubt that the two were victims of either hereditary or extra-genital syphilis. In the remaining three the virginity was above question, but they were all three victims of hereditary syphilis. The fathers of two of them and the father and mother of the third all had locomotor ataxia. The conclusion is therefore reached that there is no locomotor ataxia without previous syphilis, and that if a virgin ever suffers from locomotor ataxia she must be the victim of either hereditary or extra-genital syphilis, in many cases undoubtedly innocently acquired.

AN INTERESTING CASE.

The following case presents several points of interest and deserves to be reported. Mr. W. consulted me on October 3rd, the day of my return from Europe. He had been waiting a month to consult me. His history is briefly as follows:

Thirty-four years of age, "in perfect health", (that is his statement, not mine,) has had gonorrhea "of course". "How many times?" Oh, he didn't know exactly. Seven or eight times, perhaps. Whether they were all fresh infections, or exacerbations of old dormant troubles, there is no means of knowing. The latter is probably true. He was of the opinion shared unfortunately by the laity in general, and by a good portion of the medical profession, that as soon as the discharge stopped, the case was cured. This last attack he got about two months previously, and it seemed to refuse to get better. All other attacks would improve in a week or two, get quite well in three or four, but this case was getting worse instead of better. The discharge was slight, urination did not cause any burning, but the stream was getting smaller, and recently the inguinal glands on both sides were becoming swollen. He was afraid of buboes, as he had one once on one side, and it had to be cut, and he was laid up for several weeks. He volunteered the information that he had made up his mind to treat himself until he was thoroly cured, for it was time to "settle down". He decided to get married. Yes, he decided to make for the haven longed for by so many lords of creation after they have thoroly diseased or weakened their bodies, burned out their passions, and have nothing to offer to the woman but a home and some ashes.

I told him to remove his clothing. In examining his inguinal glands, I noticed a faint rash. "Hello, what's this?" said I, as I thought, to myself. But he overheard the remark. "Oh, that's nothing. I showed it to my doctor, and he said the rash was due to the medicine I was taking. He was giving me cubebs and copaiba and sandalwood." So said Mr. W. But I was no longer paying attention to his explanation. The rash, tho in the fading stage, had the appearance, unmistakable to the experienced eye, of a syphilitic roseola. Examination of the buboes only corroborated my sad suspicions. The inguinal glands were large, hard,

movable, painless,—in short, typically syphilitic, and just as typically non-gonorrheal, buboes.

Examination of the throat showed a well-defined mucous patch on the left tonsil. Yes, his throat had felt sore, but he paid no attention to it, as he often suffered with sore throat. If any doubt could still be entertained as to the true nature of my patient's trouble, an examination of the urethra dissipated every shadow of it. For immediately within the meatus there could be felt a hard cartilaginous mass. The lumen of the meatus was contracted, so that only a No. 14 Charrière could pass. In short, instead of gonorrhea, the patient was suffering from a urethral chancre. There was a slight mucous secretion, which on microscopical examination showed the presence of not well-defined diplococci, but I do not doubt his doctor's statement that at first the secretion did contain gonococci. Whether the gonococci were old hosts or new invaders was of little significance in view of the presence of the much more formidable enemy, the army of the spirochaetae pallidae.

It is never pleasant to tell a patient that he has syphilis, but it is very painful to tell it to a person who has no suspicion that he has the disease. It sometimes acts like the blow from a hammer. But it had to be done, and I told my patient that I regretted to inform him that he had syphilis, had it beyond any question. He will have to make up his mind to postpone putting into execution his determination to settle down, to get married, for quite some time.

Contrary to my expectations, the man did not seem very much perturbed. "Well, you will have to give me a dose of 606." That was all his comment. When I told him that a dose, or even three doses of 606 is not synonymous with the *cure* of syphilis, he was disappointed. He is under active treatment now, but whether he will wait three or even two years before he "settles down" in a home of his own is doubtful.

This case illustrates several points. It illustrates, first, that urethral chancre is often overlooked, and mistaken for gonorrhea. Second, it illustrates the tendency to be satisfied "with one disease". That is, if a doctor finds one disease in a patient, he is satisfied with the diagnosis, and looks no further. The presence of one disease does not exclude the coexistence of one or two more diseases. If a man or woman suffering from gonorrhea gets pain and swelling in his or her joints, it does not necessarily mean gonorrheal rheumatism. It may be simple acute rheumatism. It is well to bear in mind that two or three diseases may coexist, and that because one disease may account for all the symptoms present, it does not mean that we are relieved from looking for other causes.

Third, this case illustrates the exaggerated idea that the laity has received about the magic virtues of 606. At the time of the introduction of this drug I called attention to the damage

which was being done by the newspapers in spreading an entirely erroneous notion about the powers of this remedy, great as it is. Some laymen naively think: Syphilis—one jab of salvarsan and the syphilis is gone. So misinformation is spread broadcast and a sense of security created where none should exist.

THE BRONX HOSPITAL.

The State Board of Charities has approved the application of the Bronx Hospital Organization and has granted a charter authorizing the establishment of a hospital in the Bronx. The greatest share of credit for obtaining the charter is due to Dr. Alexander Goldman, who by his indefatigable energy removed all obstacles and remained hopeful when the others seemed inclined to become discouraged.

The Medical staff of the Hospital is constituted as follows:

INTERNAL MEDICINE: A. Jacobi, Samuel W. Lambert, M. Aronson, Alex. Goldman.

GENERAL SURGERY: Drs. Willy Meyer, Arpad Gerster, A. A. Berg, Martin Rehling, J. M. Lipschutz, A. L. Goldwater.

GYNECOLOGY: Drs. Joseph Brettauer, R. T. Frank, Ulysses S. Kahn.

PEDIATRICS: Drs. Henry Heiman, Henry Schumer, S. Feldstein.

NERVOUS DISEASES: Dr. George W. Jacoby.

OPHTHALMOLOGY: Drs. Emil Gruening, Otto Schirmer.

EAR, NOSE AND THROAT: Drs. W. Freudenthal, I. M. Heller, Alfred Braun.

GENITO-URINARY AND DERMATOLOGY: Dr. Wm. J. Robinson.

THE FETICH OF NATURE.

"Nature, so far as we can discern, without passion and without intention, forms, transforms, and retransforms forever. She neither weeps nor rejoices. She produces man without purpose, and obliterates him without regret. She knows no distinction between the beneficial and the hurtful."—Ingersoll.

There was a time when most people believed in a beneficent God who did everything for the benefit and the pleasure of man. Trust Him, they said, and nothing bad can happen to you, nothing can go wrong. There are many people who have given up the belief in a personal beneficent God, but in its place they have substituted the myth, the fetich of a beneficent Nature. And they harp on that string from morning to night, from night to morning. Trust Mother Nature, follow the suggestions of beneficent Nature and everything will be all right, they tell you. Our friends the quacks, the physical culturists, naturopaths, etc., are particularly "strong" on "Nature."

Now, as a matter of fact, Nature is not beneficent. Nature is neither benign nor malign. It is neither kind nor cruel. It

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simply doesn't care a rap for you. To Nature the minutest and in our opinion the most malicious, most malignant germ, is of just as much importance as you are, no matter how great or big in your own or in other people's estimation you may be. When streptococci, pneumococci, gonococci, when the bacilli of tetanus, tuberculosis, or diphtheria or typhoid invade your organism, it is simply a fight between you and the germs. And Nature is utterly indifferent as to who carries off the victory. When the pneumococcus invades your lungs and starts up a pneumonia in you, then it is a question of the number of cocci and their particular virulence on the one hand, and your vitality and the treatment you receive on the other hand, as to which survives. But whether you die or pneumococcus dies in the struggle, Nature is supremely indifferent. In fact, she is supremely ignorant.

Terrible as the thought may seem to us, it must be emphasized that nature, or what some people are pleased to call Nature (with a capital N) as if Nature were something personified, looks with equal indifference, or with equal favor if you wish, at the minutest little germ and at Shakespeare, Darwin, Goethe, Schiller, Beethoven, etc.

The minute little germ, the tubercle bacillus, has carried off some of the greatest and noblest men and women in the world and "beneficent" Nature did not care a rap. Just break your leg and permit nature to heal it without previously having it set properly by a surgeon. Yes, nature will heal it, she will throw out the callus which will unite the two fragments of bone, but she will heal your leg in a crooked condition, for nature is blind and doesn't care. If the two fragments are set properly in a straight line, the leg will grow together properly. If not, one fragment may be to the other at an angle of 60 degrees.

Examples could be given without number. But what's the use? I merely wish to emphasize that it is silly for apparently free-thinking and intellectual people to speak of nature as if it were some omniscient, supreme, intelligent being and not a mere blind, equally constructive and destructive force.

Reason is superior to nature in many instances. In many instances nature must be guided. And in many instances we must go against nature and fight her tooth and nail if we want to save ourselves or to save our patients from annihilation.

Remember this, Messrs. Naturopaths and Physical Culturists.

A SPECIAL NOTICE TO THE SPECIAL FRIENDS OF THE CRITIC AND GUIDE.

If you agree with the policy of THE CRITIC AND GUIDE, if you believe in THE CRITIC AND GUIDE, if you believe that THE CRITIC AND GUIDE is different from all other medical or medico-social journals published, if you believe that it is doing good humanitarian work, that it is doing pioneer work in many lines of human thought and endeavor, if you believe that it should

increase its activity and widen its influence, then this notice is intended for you.

Will you help us to increase our usefulness? You can do so best of all by subscribing for one or several of your friends (or enemies) or acquaintances. We verily believe that if every physician, and every man and woman interested in social betterment, were readers of THE CRITIC AND GUIDE the world would progress much more rapidly than it does now. And so besides subscribing or renewing your own subscription ($1 per annum, $3 for 4 years or $10 for life), send us several subscriptions for your friends. We believe that the sending of THE CRITIC AND GUIDE to a person who is not familiar with the journal is a really welcome gift.

Narrowmindedness and bigotry are so rampant in this world, ignorance and darkness are so thick and dense, that every lover of humanity should do his or her utmost to support and spread the influence of a journal, which stands for tolerance, for freedom, for kindness, for light; in brief for the happiness of the human race.

THE ONCE-A-YEAR BUSINESS REMINDER.

There is one advantage in editing a "personal" journal. You can say things which are not considered quite *comme il faut* in "respectable" non-personal publications. For instance, in the latter class of journals it would be quite out of place to tell the readers that if they remitted for their subscriptions, either for the last or for the coming year, without waiting for a bill, the publishers would be quite pleased. But in the CRITIC AND GUIDE we may say anything. And so we will say it. (We say it only once a year, or so, anyway.) Please remit for your subscription *without* waiting for a bill. Bills are a nuisance and an unnecessary expense. Mostly everybody knows just what he owes. And in remitting, kindly remember that $3.00 pays for 4 years and $10.00 pays for *life!* We want to make this the banner year for life subscriptions.

P. S. The receipt of cash is acknowledged immediately. Checks, money orders or stamps are not acknowledged, unless receipt is specially requested.

P. P. S. And in remitting you may add one dollar for a copy of *Never Told Tales.*

The American Journal of Urology will be enlarged in scope and in size. It is the only Journal in the English language entirely devoted to genito-urinary, venereal and sexual diseases. $3.00 per annum.
12 Mt. Morris Park W., New York.

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Contributed by the author to THE CRITIC AND GUIDE.

Freud's Apprehension or Anxiety Neurosis.*

BY S. A. TANNENBAUM, M.D., NEW YORK.

When Beard published his treatise on Neurasthenia ("Nervous Exhaustion") it was welcomed enthusiastically by a medical public which rejoiced in having at last found a suitable theory and an appropriate name to apply to a large number of puzzling chronic ailments. But in 1895 Freud showed that the convenient appellation "Neurasthenia" was only a mask for the inability to differentiate between certain cases of hysteria, obsessions, melancholia, incipient dementia precox, early stages of paranoia, beginning general paralysis, etc. and true neurasthenia. His psychanalytic labors convinced him that the larger number of those who were supposed to be suffering from neurasthenia were really afflicted with a disease which by reason of a definite etiology, mechanism and symptomatology, constituted an independent entity. This entity he called "Angstneurose" (Apprehension Neurosis).

Apprehension neurosis owes its name to the fact that several constituents of the disease so called centre about the main symptom, viz.: morbid apprehension of impending misfortune, and that every one of the symptoms bears a certain relationship to morbid apprehension and may be considered a derivative of it.

CLINICAL PICTURE.

The clinical picture of apprehension neurosis, with its customary admixture of hysteria, includes the following symptoms:

1. *General irritability.*—This is a manifestation of many nervous conditions but is a constant feature of apprehension neurosis. This hyper-irritability manifests itself as an excessive reaction to all internal and external stimuli, the commonest being an excessive sensitiveness to sounds. This *hyperacusis* is one of the chief causes of the *distressing insomnia* which makes these patients so miserable.

Severe cases are characterized by typically sudden changes in the patient's moods, varying from almost maniacal excitement to melancholic depression. Most of these patients are "cranks," everything seems to go wrong with them, nothing is done to suit them and they are in a constant state of irritation.

2. *Apprehension.*—The essential symptom of apprehension

* Read before the Eastern Medical Society of the City of New York, Nov. 10th, 1911.

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neurosis is a morbid apprehensiveness or fearful anticipation of misfortune. The most trifling occurrence gives rise to an immeasurable fear for life or limb; the slightest pain arouses thoughts of some serious disease requiring a major operation and entailing great expense, etc.; if the husband is five minutes late for dinner the patient conjures up a harrowing vision in which she sees him horribly mangled in a railroad accident; if a child coughs at night the mother is in a panic of fear that it is dying of croup; a creaking floor or a banging shutter fills the patient with terror of burglars, etc. Most of the patients are aware of the unreasonableness of their fears and try in vain to force themselves from the tyranny of their compulsive apprehensions.

This apprehensiveness does not always manifest itself in the same way or in the same degree. Löwenfeld distinguishes four types of this morbid dread:

A.—*Hypochondriac anxiety,* i.e, apprehension concerning one's health.

B.—*Moral anxiety,* i.e, an abnormal application of moral and religious scruples to the most ordinary undertaking or actions. This is an extremely frequent cause of *compulsions.*

C.—*Abnormal apprehensions as to the health of one's near kindred* who may be suffering from some trifling ailment.

D.—*Abnormal apprehension concerning one's business affairs.*

This morbid apprehensiveness is undoubtedly due to the existence in the mind of a quantity of free fear which is at all times ready to associate itself with any suitable idea.

3.—*Attacks of apprehension.*—The characteristic feature of this neurosis is an attack of apprehension which may occur suddenly or after some psychic precursor, such as slight depression, irritability, etc. Some of the patients suddenly become pale; the pulse is small, rapid and frequently arhythmical; the patients are distressed by a feeling of impending death, insanity, or apoplexy; they gasp for breath and are speechless; profuse perspiration breaks out over the entire body and the hair stands on end; cramp-like pains in the abdomen, diarrhea, vesical tenesmus, and chills, not infrequently accompany the attack. At times there are also present migraine, numbness, vertigo, tachycardia and crying spells, and the patient may lapse into unconsciousness. Obviously all of these symptoms do not appear in each attack or in each patient. Freud divides the attacks into four types:

A.—Those consisting wholly of a feeling of apprehension without any associated idea, i.e. a mere indefinite fear.

B.—Those consisting of a feeling of apprehension plus a compulsive and distressing idea of immediate death, insanity or apoplexy.

C.—Those consisting of a feeling of apprehension plus some of the paresthesias.

D.—Finally, those consisting of a feeling of apprehension plus a disturbance of one or more of the bodily functions (respi-

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ratory, cardiac, glandular, or vasomotor). Some patients make their chief complaint the "cramps about the heart," others the "shortness of breath," others the outbreaks of "cold sweats," others a feeling of "great hunger," etc. Not infrequently the feeling of apprehension is wholly unnoticed in the presence of these symptoms or is represented by a sudden sick feeling, uneasiness, etc.

4.—*Rudimentary attacks.*—It is evident that different attacks vary greatly as to the proportions of the various elements entering into an attack of apprehensiveness and that almost any one of the associated symptoms may *per se* constitute the attack. Freud therefore speaks of "rudimentary attacks" and of *"equivalents of apprehension attacks."* These substitutes for an apprehension attack may take any one of the following forms, according to the most prominent symptom:

A.—*Cardiac disturbances* are the commonest and the most characteristic form of this "substitute attack". The patients are suddenly seized with *"pain about the heart,"* palpitation with brief arhythmia or long lasting tachycardia going on to serious cardiac weakness.

B.—*Respiratory disturbances* are next in frequency as substitutes for such attacks. Under this heading are included several forms of nervous dyspnea, asthma-like attacks with or without bronchial catarrh, etc. These attacks occur chiefly at night and may be associated with a feeling of apprehension. It is characteristic of these symptoms, as of all the other apprehension equivalents, that the patient's suffering is out of all proportion to the organic condition found on careful examination.

C.—Profuse *sweats,* frequently nocturnal.

D.—*Trembling* and *shivering.* A frequent accompaniment or substitute for an attack is the trembling of an arm, a hand, a limb, or even the whole body. *Chills* are not rare occurrences.

E.—Attacks of *voracious hunger* or a feeling of emptiness in the stomach are not uncommon substitutes for an attack.

F.—Occasional attacks of *diarrhea* lasting for several days.

G.—Attacks of *locomotor vertigo* which may be the commencement of a locomotor phobia.

H.—Attacks of so-called *"congestions,"* including all sorts of conditions that have been described as "vasomotor neurasthenia," chief among which are vasomotor oedema and sudden loss of power in a finger, a hand, an arm or a foot. During one of these attacks the blood rushes to the head, the face becomes hot and red, there are flashes of light or dark spots in front of the eyes and there is a roaring in the ears. Any of the other symptoms may also be present.

I.—Attacks of *paresthesia* (numbness, formication, gooseskin, etc.) may be sufficiently severe to give rise to melancholic brooding and even be a cause for insomnia.

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Many of these symptoms have been unnecessarily described

by various authors under different names as separate pathologic entities.

5.—Not infrequently patients suffering from apprehension neurosis suddenly awake from their sleep, usually with dyspnea, perspiration, and a feeling that something terrible is going to happen.

6.—A very common symptom in this neurosis is the occurrence of *distressing dreams* from which the patient wakes with a shudder, trembling, perspiring and frightened. These "anxiety dreams" may be classified thus:

A.—Those in which the dreamer is in danger of being bitten, killed, rent or gored by such animals as are commonly employed as symbols of great power and "animal passion".

B.—Those in which the dreamer is in danger of losing her life at the hands of a burglar wielding a loaded gun, a club, etc.

C.—A very common and typical dream is that of being assaulted in a public place.

D.—Very typical are also the dreams dealing with deaths and funerals, especially of relatives, and more particularly of a child.

E.—Men dream of being in great danger, of failing at an examination, of being charged with a criminal offence, etc.

7.—*Vertigo* is one of the most characteristic symptoms of anxiety neurosis. In the mildest cases it is only a *momentary confusion* which comes and goes like a flash. In the severer cases it manifests itself as a disturbance in locomotion and co-ordination (as in paralysis of the eye muscles); the earth seems to rock, the limbs feel heavy as lead and seem too weak to bear the body up. This vertigo never causes the patient to fall; but it may be replaced by a sudden *"fainting spell."*

8.—On the basis of the chronic apprehensiveness, on the one hand, and the tendency to attacks of dizziness, on the other, there develop two groups of typical *phobias,* one general and one pertaining to locomotion. To the former belong (a) the fear of spiders, snakes, storms, darkness etc., as well as (b) a typical excess of moral scrupulousness and forms of excessive hesitation, irresolution, and doubtfulness (amounting almost to a doubting mania). To the second group belong the condition known as *agoraphobia* and its allies, all of which are characterized by some disturbance referable to locomotion.

9.—The disturbances of the *digestive functions* are characteristic. Among them we include loss of appetite, nausea, vomiting, disgust at the sight of food, constipation, gastric pains, intestinal cramps etc. *"Nervous vomiting"* is often the main or only symptom of apprehension neurosis.

There is a large class of patients suffering from gastric symptoms who cut off one article of diet after another until they eat almost nothing during the twenty-four hours and who not

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infrequently force themselves to vomit after each attempt at a meal.

10.—The *paresthesias* that occasionally accompany the dizziness or the anxiety attack observe a definite sequence. Many so-called "rheumatic pains" or "gouty pains" are really only apprehension neurosis paresthesias.

11.—Many of the symptoms enumerated above, especially the diarrhea, vaso-motor congestions, vertigo, and the paresthesias, may become chronic, and when this occurs the diagnosis becomes a very difficult matter. In chronic cases the characteristic apprehensiveness is not clearly marked and the vertigo may be replaced by a permanent sensation of great weakness, feebleness, etc. In connection with the clinical picture presented by this disease it is of the utmost importance to bear in mind that in a very large number of cases the disease coincides with a decided *diminution of sexual libido.*

OCCURRENCE.

Apprehension neurosis is such an extremely common disease of civilized man that hardly a single practitioner of medicine can help seeing at least one case a day. It is no exaggeration to say that it is the commonest disease affecting the dominant types of civilized man and that at least 95 per cent. of the cases diagnosed as "Neurasthenia" are cases of apprehension neurosis plus hysteria. No age is free from it. It occurs with equal frequency in men and in women; but in the latter *it is almost always associated with hysteria* and in the former with neurasthenia (exceptionally with hysteria or compulsions).

ETIOLOGY.

1.—Briefly stated the specific etiologic factor in all (acquired) cases is *a series of injurious influences emanating from the sexual life,* the effect of which may be stated to be an insufficient or inadequate discharge of the existing libido. A person who leads a normal sexual life cannot become afflicted with a neurosis or a psycho-neurosis.

2.—Among the common (i.e. non-specific) causes the most important, and one which is almost invariably present, is a *psychic conflict,* i.e. a conflict between the (excessive) libido and some other powerful affect (e.g. fear, disgust, shame, etc.) leading to too rigorous sexual repression.

3.—An obscure but important factor in the development of anxiety neurosis is the individual's *sexual constitution.* This undoubtedly varies with different individuals and accounts for some puzzling phenomena in connection with this disease. In connection with this it is important to note that totally impotent men and wholly anesthetic women cannot develop a severe form of anxiety neurosis.

4.—The exact rôle of *hereditary predisposition* has not been determined altho it undoubtedly plays some part in the etiology, and in some cases an important part.

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5.—Other common factors (overwork, exhaustion, shock, etc.) are undoubtedly present in a large number of cases, but they act only as *exciting causes* which precipitate the outbreak of the disease.

In most cases the production of apprehension neurosis requires the co-operation of several of these etiologic factors, *but the sexual factor is the only one which is invariably present and which may produce the disease unaided by any other factor.*

Freud tabulates the conditions under which men and women develop apprehension neurosis separately, as follows:

A.—In *virgins* and *adolescent girls* upon their first post-childhood encounter with the sexual problem either as the result of forbidden literature, an immoral play, a confidential talk with a married woman, the sight of the male organ, the accidental witnessing of the sexual act, etc.

B.—In *newly married women* who, because of a partial anesthesia, do not obtain complete sexual gratification.

C.—In women whose husbands suffer from *partial impotence* or *ejaculatio precox.*

D.—In women whose libido is not satisfied because their husbands practice *coitus interruptus* or *coitus reservatus.* The former is always harmful unless the husband, out of consideration for his wife's gratification and at the risk of his own health, waits for her emission before withdrawing. Coitus condomatus is not injurious to the woman if the man is very potent and she easily excitable.

E.—In *widows* and in *voluntary abstinents.*

F.—In women going thru the *climacterium* with its great final augmentation of the libido.

G.—*In neurasthenic women who suddenly stop masturbating.*

H.—In a few cases of *overwork, exhaustion,* etc. and even after a *severe illness.* Of the etiologic factors just enumerated the following apply to men as well as to women:

A.—*Overwork, exhausting diseases,* etc.

B.—The *sudden cessation of masturbation* by a neurasthenic.

C.—*Voluntary abstinence.*

D.—*Coitus interruptus* prolonged until the woman's libido is gratified. To these we must add the following:

E.—The *augmented libido of the senium,* corresponding to the climacterium in women.

F.—But the purest cases of apprehension neurosis are due to *frustrated excitement* in engaged couples and in persons who, out of fear for the consequences of sexual intercourse, have to content themselves with kisses, embraces, etc.

PATHOGENESIS.

In seeking to determine the nature of apprehension neurosis and the mechanism of its development Freud found that the only thing that mattered was whether the individual's libido was or was not gratified. He was also struck with the similarity

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between the symptoms of apprehension neurosis, certain nervous diseases (Basedow's disease, Addison's disease) and certain alkaloid toxemias. But recent researches show that Basedow's disease and Addison's disease, etc., are toxemias resulting from some impairment of the (secretory) functions of the thyroid gland, the thymus gland, the suprarenal bodies, etc. Bearing in mind also that the apprehension which is at the basis of this neurosis is not a psychic derivative, and that the sexual anesthesia or indifference present in a large number of cases is really the expression of repressed libido, we see the justification for Freud's conclusion that in apprehension neurosis we are dealing with an accumulation of excitement which excitement is of a sexual nature. He thus formulates the following tentative explanation of the pathogenesis of this disease: *the mechanism of apprehension neurosis is to be found in the deflection of the somatic sexual excitement from the psychic and a consequent abnormal expenditure of that excitement as apprehension.*

This conception of the mechanism of apprehension neurosis becomes clear if one considers briefly the normal sexual process, which we may assume to be of the same nature in females as in males. In a sexually ripe male there is constantly being produced somatic sexual substance which constantly irritates the nerve endings of the seminal vesicles. This irritation continues until there results a *psychic irritation* which powerfully stimulates the cerebral sexual centre and produces a condition of *libidinous tension* having all the characteristics of acute or chronic intoxication. With this tension there comes the impulse or craving for relief. The adequate psychic relief can be brought about only in one way, viz: by a complicated spinal reflex act which Freud calls *the specific* or *adequate act.* This specific act must remove the psychic excitement completely. Anything else but the complete removal of the psychic excitement by the specific act will not do, because the somatic sexual excitement, after it has attained a certain intensity, continually translates itself into psychic excitement or free apprehension which lies ready in consciousness to associate itself with any appropriate idea. If the adequate discharge (i.e. normal coitus under favorable circumstances) is replaced by an inadequate discharge (excessive masturbation, frequent pollutions) neurasthenia will result almost inevitably, and if the psychic consumption of the somatic sexual excitement is interfered with the result will be apprehension neurosis. That this interference occurs under the different circumstances mentioned in the section on "etiology" can be easily shown.

Fliess has shown that normal sexual excitement consists of two components: (a) the conscious libido, and (b) the unconscious apprehension. The normal sexual act, as we know, is accompanied by manifestations of fear (slight oppression, congestion, rapid pulse, perspiration, etc.) If the libido is not

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permitted to become conscious, or is masked, or is associated with a painful affect, it is repressed from consciousness and the unconscious component—apprehension—attains the mastery.

DIAGNOSIS.

In acute cases the diagnosis is usually a comparatively easy matter, but chronic cases tax the diagnostician's acumen to the utmost. Nothing but the most careful examination, subjective and objective, will protect one against serious errors. The importance of a correct diagnosis cannot be overestimated.

It is a wise rule in every case presenting symptoms that are neurotic, or that may be so, to inquire carefully into the sexual life of the patient; but such inquiry must be careful and thoro. The experienced physician will not be satisfied with the patient's off-hand assertion that he or she doesn't give sexual matters a thought.

PROGNOSIS.

Cases of pure apprehension neurosis, being due to only a single etiologic factor, are easily and speedily curable. It is no exaggeration to say that in some cases a single consultation will lead to a cure. But by far the larger number of cases of apprehension neurosis contain an admixture of hysteria, compulsions, etc., and their treatment may—nay, must—last anywhere from two or three months to two or three years. In general it may be said that of all nervous diseases apprehension neurosis is the most easily and certainly curable.

TREATMENT.

The treatment divides itself into prophylactic and curative. The prophylactic treatment is, considering the frequency and gravity of the disease, of the utmost civic as well as individual importance. But the removal of certain injurious influences involves so many social and material considerations that an ideal adjustment of these things cannot be hoped for in our present social and cultural state. Abstinence can properly be recommended only to one who by nature has no great sexual needs, and chastity before marriage cannot be required of all men because a large number of those who heeded such advice would undoubtedly develop apprehension neurosis. The young man or woman must be warned against the evil practice of onanism; but this must be done truthfully, not by portraying imaginary horrible consequences. The young gentleman engaged to a respectable young lady who must not conceive of sin should be taught the dangers of frustrated excitement. The respectable young lady should be warned that whispered conversations in the corner of a darkened room are fraught with dangers to health as well as to morals. Couples practising coitus interruptus, etc., should be taught less health-racking methods of preventing conception. Children should be taught about sexual matters from the day of their birth, and the sum of their knowledge should be added to

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gradually as they grow older. This would guard the young girl from the dangers of the shock of sudden enlightenment at the hands of a coarse, inconsiderate and sensual friend. Young children should not be permitted to sleep in their parents' bedroom or where they might overhear conjugal embraces. The guardians and associates of little children should be selected with great care. Boys and girls should be taught to sublimate their sexual energies to useful and noble purposes. Fond and foolish mothers must be warned of the great dangers of frenzied caressing of the baby, of excessive rocking, of too much swinging, of tickling it, of kissing its gluteal region, etc., and other similarly absurd and exciting manifestations of love.

The curative treatment divides itself into (a) symptomatic, (b) corrective and (c) psychanalytic.

1.—In all but the very mildest cases the individual symptoms must be relieved to the best of our ability according to general principles which need not be detailed here. Rest, recreation, hydrotherapy, etc., all have their indications.

2.—A very important measure in the treatment of apprehension neurosis is the removal of the injurious form of sexual intercourse *and* the resumption of normal coitus. One without the other will not do. The compliance with these requirements will at once cure a large number of very sick persons. The onanist must cease masturbating and, if his sexual appetite demands it, resort to a puella publica with proper instructions. The victim of frustrated excitement must either marry or do the same as the abstinent eccentric. The practice of coitus interruptus, etc., must be prohibited. At this point the physician will inevitably be confronted with the question: "What shall we do to prevent conception?" This question must be answered. The reasons for permitting each married couple to determine for itself how many children they shall bring into the world are too numerous and too obvious to be detailed here. But unfortunately the conventions of our hypocritical morals and culture do not permit the sale of preventive appliances. Truth to tell, we have at present no absolutely reliable preventive against conception. But the physician who has the health of his patients at heart will, in suitable cases, teach them the necessary precautions.

Well-advised instruction will rarely fail to convert an unhappy, quarrelsome home into a peaceful and happy one, and change a thin, pale, sleepless, irritable and morose wife into a healthy, beautiful and contented mate.

3.—In almost every case of apprehension neurosis it will be necessary, *besides correcting the sexual errors*, to *go thru a psychanalysis* to discover the repressed etiologic complex ("psychic conflict"), i.e. to make the patient's unconscious conflict conscious, to show him the *raison d'être* of his symptoms. This will have to be done in most cases before the sexual errors can be corrected. The patient must be made to know himself, to

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look his enemy straight in the face. This done, the battle is half won. But when the conflicting passions have been unearthed the physician must be very cautious as to advising his patient how to get out of a dangerous situation. But in suitable cases the conscientious physician, if he be gifted with the divine quality of reading the human heart, will exercise his functions as a man and a humanitarian.

243 Seventh St.

Contributed by the author to THE CRITIC AND GUIDE.

Is There Any Justification for the Double Standard of Morality in the Sexes?

BY B. S. TALMEY, M.D., NEW YORK.

The history of sexual morality, which is really the history of the evolution of marriage, shows that every advanced step in the development of marriage was made in the interest of the race. *1st Stage:* If we take Morgan's "Ancient Society" as the basis of our inquiry we find that in the lowest conceivable stage of savagery, men living in hordes, mankind lived in a state of promiscuous intercourse like the gregarious animals. *2nd Stage:* From this irregular state the consanguineous family develops. It is founded upon intermarriage of brothers and sisters in a group, but marriage between parents and children is now prohibited. *3rd Stage:* Experience having taught even these primitive men that the offspring of such marriages is often in some respect deficient and sickly, the next step was the prohibition of intermarriage in the same tribe. This prohibition had the effect to exclude own brothers and sisters from the marriage relation. This so-called Punaluan family was founded upon inter-marriage of several sisters, from one tribe, with each others' husbands in a group, the joint husbands not being necessarily kinsmen of each other, but belonging to other tribes than their wives, or of several brothers with each others' wives in a group. In this so-called exogamous marriage each group of men were conjointly married to the group of women. The children naturally know only their mother, and inheritance follows in the female line. The common mother of the tribe is the origin and ruler of the same. *4th Stage:* The next step is the pairing family. Communal marriage is replaced by individual marriage. It was founded upon marriage between single pairs, but without an exclusive cohabitation. The marriage continued during the pleasure of the parties. Marriage between any relatives is entirely prohibited, consequently marriage in a group is impossible. The male leaves his tribe and marries into another tribe. The children know now their father also. Yet they still belong to their mother's tribe. The fortune of the tribe belongs to the ancestress. Matriarchate prevails. Woman is yet the undisputed mistress of the house and clan. The males have only to provide the clan with food and all the other conveniences of life from day to day. They have no other authority. The husband being subject to his wife, property and descent go

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in the female line. Kinship is counted thru the mother. When a man dies his arms and dress, his only personal property, are handed over to the tribe to which he formerly belonged. The main fortune remains in the clan of the female. *5th Stage:* With the training of animals and the breeding of herds, sources of wealth hitherto unthought of develop. Now, the males have always been the providers and possessors of the food supply of the clan, and the herds being now the main source of food they consequently belong to the males. Lest with the death of the father the flocks should be handed over to his former clan, change of descent from the female line to the male line is now established. The man is now the ruler. He is the head of the clan, manager of its possessions and leader in war. Hitherto lands and herds belonged in common to the entire clan or even tribe. But in the frequent wars, at this period in human history, powerful leaders were necessary, and the latter become pre-eminent among the other members of the tribe. As a reward they often receive individual allotments from the common property of the tribe. These allotments ripen finally into individual ownership to be inherited by the children. Now inheritance in the male line requires that the father should know his children. He exacts, therefore, strict fidelity from his wife. This leads to the patriarchal family of the Bible. It is founded upon the marriage of one man with one or several wives.

Thus we see that the changes in the marriage relations of the sexes were all made in the interest of the welfare of the offspring. Promiscuity, consanguinous marriage, punaluan family and the pairing family followed each other in the interest of the health of posterity. The last change into female monogamy was made in the economic interest of the progeny.

The husband in sacrificing his own comfort while providing food and shelter for his children must be certain that he is the father of these children. Uncertainty would make him negligent, and the existence of the race would be jeopardized.

Adultery on the part of the husband does not necessarily alter the relations of the children to the parents and to each other. The husband misconducts himself outside the family circle, inchastity of the wife either altogether breaks the family bond or weakens it thru doubt. The purity of the woman and her faithfulness are, therefore, of the greatest racial importance, and it is eminently proper that she should be in the van of moral progress. The highest moral character, says Kant, is that which does the good not out of inclination but from a sense of duty guided by reason, and there is a good reason for female chastity. The masculine morality is as yet very little influenced by reason, hence the male standard of chastity is still very low, so much so that, with meretricous venery rampant, male monogamy is as yet a dream of the idealist.

But is there no reason why the man should be as chaste as

the woman? The answer must be, Yes! There is a valid reason why he should not be inferior to her in the standard of chastity. If there was, perhaps, no racial reason for his chastity in ancient times, there is a good reason for him to be chaste since the arrival of venereal diseases in Europe with Columbus' soldiers. Nowadays the racial interest requires from him the same strict chastity as from the woman.

The dangers of promiscuous intercourse thru the venereal diseases cannot be overstated. Noeggerath claimed that, in New York City of 1000 men 800 have had gonorrhea, 90 per cent. of all these men have not been thoroly cured and can infect their wives if they ever get married. As a result three out of every five married women in New York are more or less infected with gonorrhea. Eighty per cent. of the deaths from inflammatory diseases peculiar to women, 75 per cent. of all special surgical operations performed on women and 60 per cent. of all the work done by specialists in diseases of women are the result of this disgusting disease.

Gonorrheal infection may make a tragedy of married life by destroying the woman's conceptional capacity and rendering her irrevocably childless. Fifty per cent. or more of all the infected women are rendered absolutely and irremediably sterile. In addition many are condemned to a life-long invalidism. The aspirations centered in motherhood and children are thus swept away.

Besides mutilating the innocent women gonorrhea destroys the eyesight of innocent babies. From 70-80 per cent. of the ophthalmia which blots out the eyes of babies, and 15-25 per cent. of all blindness is caused by this disease. And these things are even more tragic because the majority of infections is conveyed from chronic gonorrhea without the intention or even the knowledge of the offender.

The other most appalling venereal disease is syphilis. It may become the cause of all maladies humanity is afflicted with. In gonorrheal infection the individual risks the wife has to incur are much more serious than those following syphilis. But the constitutional disturbances caused by syphilis and the risks to the offspring make this disease one of the most dreaded affections known to medical science.

The prevalence of syphilis is estimated at 18 per cent. of the adult population. Ruggles found, in N. Y. City, in the better class of families, one-third of the sons of adult age infected with syphilis. The disease causes 40 per cent. of all miscarriages, and the mortality of syphilitic children is about 60 per cent. Syphilis is the only disease transmitted to the offspring in full virulence. Sixty to eighty per cent. of all infected children die before they are born.

Syphilis is a chronic disease, the duration of which is unlimited. It may remain latent for several years and then break out.

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Thus the dangers of venereal diseases beset not only the individual but thru the individual the entire race. With these dangers staring at him, no young man should even think of exposing himself, his future wife and offspring to all these dangers for the mere pittance of a short momentary enjoyment in the company of pestiferous individuals. It is a moral crime to impart these loathsome diseases to one's wife and children.

Hence, if strict female chastity was originally demanded in the interest of posterity on account of the changed law of inheritance, in our present age of syphilis and gonorrhea the interest of posterity requires the same strict chastity in the man.

There is, therefore, no valid reason for the present double standard of morality of the sexes.

We gladly give space to Dr. Talmey's paper. The subject of the double standard of sexual morality is a complex one and the last word has not yet been spoken by either side. We regret to say, however, that the argument presented by the author is not one that will appeal or will prove convincing to untrameled independent thinkers. When analyzed most carefully, what does the whole argument amount to? "Be chaste, else you may get gonorrhea or syphilis". It is the same old argument of fear, of trying to make people good by threats. "Do not steal or you may get caught and go to prison", is an argument of the same character. And supposing the man is *absolutely sure* that his female companion is perfectly healthy and pure and there is no possibility of getting any venereal disease—what argument would you use then to keep him chaste? And extending individual instances to a larger sphere, assuming that humane sanitation and the universal intelligent use of venereal prophylactics has abolished venereal disease entirely—a thing not altogether outside the bounds of possibility, or even probability—what then? Evidently, the argument, be chaste or you will catch a disease which you may transmit to your wife and children, will then not hold good. What other argument will we then present to our boys and men?

Let us once forever bear in mind that fear and threats are losing their power as arguments. Disregarding the fact that the man who is "good" only because he is afraid is really not moral, only a coward, people begin to find out that the threats are exaggerated and having once found they are apt to go to extremes, and let all caution go to the winds, thinking that the threats were just grandmother's tales in order to keep them good.

No, if a certain line of conduct is enjoined upon an advanced independent thinker, you must be able to prove to him that that line of conduct is for the benefit of the individual and of the race, that a contrary line of conduct is to the detriment of both. If you cannot prove it, you have no case.

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Contributed by the author to THE CRITIC AND GUIDE.

Pirogoff, the Master Surgeon.

BY B. ISRAELI, B.A. M.D.

Every country has her patron saint, her ideal of great citizenship, that personality in whom is concentrated whatever is finest and noblest in mankind, whom everyone should strive to emulate, to worship.—Pirogoff is such a man in Russia.—Pirogoff is Russia's Hippocrates, the father of modern Russian medicine and of modern Russian surgery, the most rapid operator the world has known, the man who had every virtue, and apparently no vice.

The "divus" whose centenary they have been celebrating this year along the length and breadth of Russia's vast domain, Nikolai Ivanovich Pirogoff, was born November 13 (25), 1810, in Moscow.—Nikolai was the "unlucky" thirteenth child in a family of fourteen: the fourteenth was evidently the "lucky" one, for it entered Paradise soon after its birth.—The route which the young man had to travel was paved neither with gold nor with precious stones. His father, a Treasury official, thanks to the theft of a subordinate which he himself had to make good, was ruined in Nikolai's youth, and died soon thereafter. Young Pirogoff, therefore, had his own way thru school to pay.

Nikolai entered the University of Moscow, passing the entrance examinations brilliantly, at fourteen,—tho sixteen was then the lowest age limit. He chose medicine; but medical education was then at such a low level that he who was destined to become one of the world's epoch-making surgeons, saw during his student-career but a few lithotomies in children, and a leg amputation; and he himself, up to the time of his graduation, had performed no operation whatever, either on the living or on the cadaver.

Pirogoff, at eighteen, was sent to pursue his studies at Dorpat—now Yuryev—the famous old German University of Russia, then containing the best medical school in the Empire.—He was sent by the Government: for, public education being in Government hands in Russia, the Government sees to the perfecting of its teaching staff.—Here he studied under Mayer, performed experiments on dogs and calves, and also operated on the living human being.—From here he was sent abroad.—Pirogoff studied two years in Berlin. Hegelism was then reigning supreme in Germany and in France. In Germany neither medicine nor surgery had anything to do with anatomy: Professor von Graefe, —we have Pirogoff's testimony for it,—would call in the anatomist, Schlemm, to tell him what tissues he was handling; Diffenbach completely ignored anatomy: he cut once out a piece from the tongue and sent it to Johann Müller for information as to what sort of muscle it was; and Professor Rust once, while doing a Chopart operation, forgot the names of the astragalus and calcaneus. Langenbeck, in Göttingen, was then the only well-informed surgeon.

In 1835 Pirogoff returned to Dorpat, where he began to

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read lectures on surgery, working daily up to noon in anatomy on the cadaver. Here he surprised everybody by the skill and rapidity of his operations,—doing a lithotomy, for instance, in two minutes: an item of vast importance in days pre-anesthetic!

At the age of twenty-six Pirogoff became Professor of Surgery at Dorpat. Henceforth his reputation as an anatomist and as a surgeon became world-wide.—In 1837 when he came to Paris to study under Velpeau, that famous surgeon cried: "It is not you who should study under me, but I under you!"

In 1840, at the age of thirty, Pirogoff was transferred to St. Petersburg, and made Professor of Clinical Surgery at the Medico-Chirurgical (now the Army Medical) Academy,—the foremost and richest medical school in Russia,—the Government's pet.—Here he introduced the regular teaching of anatomy,—and its application to medicine and surgery: an innovation not only in Russia, but in Germany as well.—In the introduction to his "Anatomy of the Arterial Trunks and Fasciae," he indignantly deplores the neglect of anatomy by German surgeons.

Upon coming to St. Petersburg, Pirogoff invited Hyrtl's pupil, W. L. Gruber, from Vienna. And for forty-five years Gruber made anatomy the basis of medical teaching in Russia.

In St. Petersburg the young surgeon undertook his monumental work on "Applied Anatomy of the Human Body," printed in 1843, with a remarkable atlas, in-folio.—In 1847 he published another anatomical work, for forensic physicians.—In 1850 he published still another work on anatomy.—From 1851 to 1854 he worked on his atlas,—the only one of the kind in the world; the plates were made from frozen sections,—a method invented by himself; the Atlas consists of 220 plates, with 970 cuts, with Latin text, to make it universal.—Only 300 copies of this Atlas were printed.

Along with his anatomical and surgical activity in the medical school, Pirogoff always took a warm interest in field surgery. He served in the 1847 campaign in the Caucasus, a report of which, with atlas, he published in French in 1849. He took a very active part in the cholera epidemic of 1848, and did 1840 post-mortems, the results of which he published later, with a splendid atlas.—During the Crimean war of 1854 he introduced extensive and talented reforms, and distinguished himself not merely as a great surgeon, but as an equally energetic and gifted administrator.

Thanks to the cooperation of Grand Duchess Helena Pavlovna, he introduced the care of wounded by women. He was the first to introduce anesthetics on the battle-field, in the Caucasus campaign, and was also the first to introduce certain other reforms.—The results of his twenty-five years' field work was his "Beginnings of Field Surgery," a famous work under a modest title.

During the Franco-Prussian war of 1870 the Russian Red Cross Society sent him to France and Germany to report on the condition of the army medical service there: the result was

a report, published also in German.—Later he executed a similar mission in the Russo-Turkish war, and published a report thereon, entitled: "Medicine and Private Aid at the Theatre of War in Bulgaria, and in the Rear of the Army, in 1877-78."

During the last year of his professorate he published in Leipsic, in German, his "Clinical Surgery," (1854).

Pirogoff's scientific work went beyond his anatomical and surgical specialties. During the fourteen years that he was connected with the Medico-Chirurgical Academy he read lectures on pathological anatomy, and made 1100 autopsies. He also did a large number of physiological experiments on animals in connection with the ligation of bloodvessels.—In the Museum of Normal Anatomy, at the University of Odessa, are a number of MSS. of his, undated, on that subject. One of 100 pages, entitled: "Digestio"; another of 86 pp., entitled: "Cor"; still another, of 28 pp., "Respiratio," treats of the mechanism of respiration.—One of these MSS., written in a different hand, gives Pirogoff's method of doing certain operations, and the instruments he used. In the text, and on the margins, are corrections by Pirogoff himself. This MS. treats of certain branches of operative surgery: "Amputation of the lower extremities," "Resections," "Tenotomy and myotomy in general," "Extirpatio mammæ," "Plastic operations on the lips," "Amputations."

Along with Pirogoff's library donated to the University of Odessa is also a large number of reports on patients treated by him since 1828: some are in Latin, others in German, others in Russian. Among these is a book wherein are entered the patients treated in Sebastopol in 1855; a similar one of those treated in Simferopol.

Pirogoff, in connection with his professorate, worked hard to reform medicine and surgery, both in school and in practice. This caused him many enemies.—But the day came when his services to his fatherland were recognized, and the Society of Russian Physicians, a national body, is named after him.

When Pirogoff returned from the Crimean war he was made Superintendent of Education, first of the Circuit of Odessa, subsequently of that of Kiev.—His pedagogic career can be judged best from the "Collection of his literary-pedagogic articles," published in Kiev in 1861.—He was as energetic and keen in his new field of activity as he had been in his old one of medicine and surgery:—He advocated the solidarity between professors and students, and also university autonomy,—a very live subject in Russia even today, because the Government interferes there too.—As to woman, he favored giving her freedom and higher education, provided she maintained her nature of the "eternal feminine."

Pirogoff died November 23 (December 5), 1881.—Three months before his death the jubilee of the Fiftieth anniversary of his scientific career was celebrated in Russia.—Even during

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his life Pirogoff was duly appreciated by his contemporaries of the entire educated world,—both as a genial scientific man, and as a physician, he was, besides, esteemed by his fellow-countrymen as a great thinker and instructor,—one who had devoted all the energy and labor of his entire life, and of his creative genius for the benefit of his country. He is Russia's pride, and his fame will descend from generation to generation for many ages to come.

Library of the Surgeon General's Office, Washington, D. C.

Contributed by the author to THE CRITIC AND GUIDE.

The Nursing Mother's Breast.

BY SIMON MARX, M. D., NEW YORK.
Obstetrical Surgeon to Maternity Hospital; Gynecologist to Red Cross Hospital, New York.

In considering the question of nursing, the nipple and its care is of prime importance. In pregnancy the epidermis which covers the nipple becomes somewhat thickened and is covered with branny scales. These scales are formed by the drying of colostrum upon the nipple. It can be milked out of the breast at all times by gently stroking the organ. Thus we have produced by Nature a perfect protection to the nipple from external injury. When, from friction or harsh manipulations this protection is removed in places, you get the familiar erosion of the nipple. If entirely rubbed off, you have an uneven bright red puckered surface presenting the picture of a sensitive, painful, fissured, or excoriated nipple. But when the nipple is protected from injury, a hardening or seasoning of the papillae occurs under these scales, which may be likened to the healing of a wound under a scab. What we read in some text-books about the care of the nipple, and its treatment before confinement, is paradoxical and perverted advice. We simply fight against the powers of nature. What she in her wisdom has given us, we attempt to destroy and circumvent. Nature gives protection to the nipple, we in order to mollify some whimsical patient or pesky old woman, by our frictions and rubbings remove nature's own protection, so essential to the nipple's well being. Would you think of disturbing a wound, healing under a scab, by rubbing, scraping and meddling with that part until the scab is off? I hardly think that such treatment or method would commend itself to you; but the nipple seems to be an outlawed part of anatomy. You are seeing it done, have had it done, and will continue having it done until I can bring you around to my side and to the side of nature.

The infrequent occurrence of sore breasts among the poor in my opinion is due to the fact that the nipple during pregnancy has little or no attention, protected only by that branny exudate which comes from the breast during early pregnancy. But in private practice, in spite of your prophylactic treatment, how

* Read before the Harlem Medical Society, November 1st, 1911.

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often do you see women with sore, excoriated and fissured nipples. Since introducing my theories into practice I see very few such complications; and when a pregnant woman asks me what she should do for her nipples—my invariable answer is: stop wearing corsets if possible; instead wear a corset cover to support the breast. Protect your nipple with plenty of absorbent cotton and forget you have a nipple. When the nipples are tender and sore, no other measure is recommended, than the application of a ten per cent. ichthyol-lanolin salve. This in a few days heals the parts perfectly.

MASTITIS.

The proper method of treatment is as follows:

1. Insure support and rest to the organ by a firm binder with holes for the nipples, to allow their exposure for the escape of milk and application of remedies.

2. Diminish the frequency of nursing as much as possible, even to the extent of temporary weaning, in order to allay both local and general irritation. Frequent nursing delays healing of the lesions.

3. As a palliative measure a five or ten per cent cocaine solution applied shortly before putting the child to the breast will certainly insure perfect freedom from pain. [The cocaine solution should be thoroly and completely washed off before the child is put to nurse, or something may happen. Editor]. When the nipple is generally tender, without a break in the continuity of the surface, a ten per cent. ichthyol-lanolin ointment has given me the best results. When fissures or erosions are present having an unhealthy, uneven, deep seated, sloughy appearance, a thoro cauterization with lunar caustic, or better still a brisk curetting with a small dermal curette preceded by cocaine to quiet pain and followed by some stimulation as by the ammoniated mercury ointment, balsam of Peru, or aristol in substance, or other antiseptic drug, is all that is necessary. Where there is a deep-seated healthy ulcer present which fails to heal in spite of all our remedial agents, I believe that the passage of one or more fine sutures might prove the ideal method of treatment, combined with perfect rest for thirty-six hours, and firm breast compressions.

For many years I have treated all fissures and erosions of the nipple with a strong ichthyol ointment and so universally successful has it proven that I have almost discarded all drugs for this one. The ichthyol ointment I use is twenty-five per cent. in strength. I recommend the formula, the composition of which is

Ichthyol	8.0
Lanolin	10.0
Glycerin	10.0
Olive oil	2.0

With or without 5 per cent. of cocaine.

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The advantages of this ointment are: (1) The fissures rapidly heal without taking the child from the breast and without necessitating the use of nipple shields. (2) Owing to its consistency the salve can be easily and thoroly washed off. This simple salve [if made without the cocaine] is non-poisonous, and even if the nipple be not washed off, no harm is done to the child.

[A 5 per cent. solution of aristol in olive oil is extremely efficacious and more cleanly].

Now a few words concerning a threatened mastitis.

As soon as mastitis threatens, apply firm even compression by means of a binder of strong cheese cloth. A roller bandage so much in use in former years should not be applied because the pressure is not uniform and predisposes to the formation of lumps in the breast. Under no condition should the inflamed breast be rubbed, or massage instituted; no matter how gently done, it increases the irritation and general inflammatory trouble. The corresponding arm should be tied to the side; nursing should be postponed for a number of hours and absolute rest should be insisted upon. Locally it is my custom to use nothing but iced lead water applications regularly applied. Internally, the patient is given one large dose of potassium iodide, three grams (48 grs.) in seltzer or milk to increase the depleting action of the drug. Eight grams (two drams) of Rochelle salt is given hourly until the patient has a number of watery evacuations.

Even in the case of inverted nipples, it is my policy not to commence treatment until the breast is ready for nursing. Preparatory treatment in order to "bring the nipples out" is dangerous on account of the local irritation with disposition to the formation of fissures and ulcers. There is also danger of distant reflex irritation sufficient to cause the woman to abort.

When inverted nipples are present and the suckling child or local massage treatment is unable to cause their return to a normal condition, the duplex nipple shield is always employed. This is a valuable contrivance yet but little known. It consists in a small glass shield with one short nipple for the child. Another nipple attached to a long rubber tube is given the mother or nurse to draw upon. A vacuum is thus created in the glass shield and maintained by a small clamp tightened in the rubber tube. The nipple is everted, milk flows into the receptacle and it is easily suckled by the child. In fact we have a miniature Bier cup.

Contributed by the author to THE CRITIC AND GUIDE.

The Treatment of Gonorrheal Arthritis.

BY J. STURDIVANT READ, M. D., BROOKLYN, N. Y.
Assistant Genito-Urinary Surgeon, Long Island College Hospital.

Gonorrheal rheumatism, so-called, is an inflammation resulting from the irritation produced by the gonococcus or its

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toxins on joint surfaces, tendon sheaths, and other white connective tissue. The exudate in the affected joints may be sterile; it may contain gonococci only; or other cocci, usually of the staphylo or strepto varieties, may be present. Local changes in the affected tissues may be due to the toxins alone and not to the presence of the specific organism.

About one third of the cases are mon-articular. Sometimes only the tendon sheaths, bursae, or periosteum show evidences of involvement and occasionally a neuritis due to inflammation of the nerve sheath is found with other signs.

The lesion occurs more frequently during the active course of the infection. Often it does not appear until the late chronic stage.

There are various types of the disease with no distinct line of demarcation, ranging from sudden or gradual swelling of a single articulation to polyarthritic involvement accompanied by cerebral and cardiac symptoms of severe and alarming degree. More common is the chronic form in which a single joint becomes the seat of a hydroarthrosis, gradual in onset accompanied by little pain and no redness; or the tendon sheath and bursae begin to ache with or without swelling; A local periostitis may develop giving rise to a painful heel or tender tibia. In obscure cases inoculation with vaccines may aid in establishing the diagnosis. (1)

In acute cases, rest in bed combined with the routine treatment of an acute gonorrhea is indicated. Absolute rest of the affected joints by immobilization is necessary. The splints should be removed when the pain becomes severe, for inspection. At this time the application of a thin, flat, rubber bandage high above the joint, to produce passive hyperemia, is useful to relieve the pain. This can be repeated every six hours, if necessary.

When the subacute stage is present, the production of a marked edema in the joint by means of the rubber bandage will so anesthetize it as to allow of passive movements in the articulation, which are of value in preventing the formation of adhesions.

In cases marked by high fever and severe chills, one-half c. c. (8 minims) of a two percent solution of colloidal silver (collargol) freshly prepared, may be used intravenously.

Iodine in some form is the most useful drug. The syrup of the hydiodic acid ℥j in ℥ij water a half hour before meals is the preferable form. Oleum Gaultheriae gtt. *x.x* q. 4 h., or the salicylates alleviate symptoms in cases marked by sudden onset with high temperature.

The early employment of vaccines, using them with careful

Read before the Brooklyn Medical Association, Nov. 8th, 1911.

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attention to size and frequency of dosage is a remedy of real worth.

The chronic cases are the lesions which try the patience of the physician and strain the faith of his patient. Both should remember that progress is to be measured by intervals of months not weeks. A fight is necessary for every gain and no detail can be overlooked which will promote the general or local welfare.

Woolen bandages should be worn around diseased joints. When the feet are the sites of the lesion, the wearing of light woolen socks and felt shoes or insoles, especially in damp weather, is necessary. Here the advice of an orthopedist is of value to secure shoes which properly support.

Many cases exhibit some degree of anemia. Bichloride of mercury is a good blood maker which does not constipate. Iron and malt, arsenic and quinine combined with cod liver oil and forced feeding are often indicated.

Potassium iodide, half to two drams, t. i. d. for a week will sometimes promote absorptive processes resulting in cessation of pain and disappearance of stiffness and swelling, especially about tendons and bursae.

Vaccines have been of decided value to the writer. Others report the gonorrheal serum to be beneficial. It should be used when the vaccines fail.

Passive hyperemia by means of rubber bandages applied for fifteen to twenty hours out of every twenty-four hours, are very valuable. Nearly always there is diminution of pain. Any increase of pain is an indication for their temporary removal. Massage, passive movement, hot air baking and steaming are necessary to prevent or relieve adhesions.

Fibrolysin for this purpose was of no use in two cases. Ichthyol ointment 50 per cent. and the thermo-cautery brushed lightly over effusions will often stimulate absorptive processes.

Far better than either is blistering over the affected area. Cantharides plaster cut to proper size and applied from four to eight hours is a simple method of blistering. Before applying, the skin should be thoroly cleansed.

Aspiration of diffused joints followed by compression is a safer method than incision and drainage. This should be tried many times before the more radical procedure is undertaken.

In Murphy's Clinic, in Chicago, aspiration is followed by an injection of a five per cent. solution of formalin in glycerin and good results reported.

For years Dr. Eugene Fuller, of New York, has performed vesiculotomy thru the perineal route, curetting the chronically infected vesicles in cases of otherwise incurable gonorrheal rheumatism. This procedure in his hands has produced many cures.

Electricity has not been of much value in restoring the integrity of damaged tissue.

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Whatever remedies are used to correct the joint condition, unless the foci of gonorrheal infection are removed, relapses will continue with discouraging regularity. It is surprising how many physicians will neglect to cure a damaged urethra or to massage and irrigate an infected prostate while treating this obstinate, crippling infection.

228 Clinton Street.

[The author's treatment is good conservative treatment. But we would advise him in his next case to give a trial to two drugs, which in our hands have proved distinctly beneficial. Since we have begun the use of these drugs, our results have been much better, and we no longer regard cases of gonorrheal rheumatism with the same apprehension and displeasure as before. We refer to arsenic iodide and what is commonly called calcium sulphide, or calx sulphurata. The arsenic iodide may be given in milligram (1/60 grain) doses 3 to 6 times a day, the sulphurated lime in doses of 3 to 6 centigrams (½ to 1 grain) several times a day. You must make sure that the calcium sulphide is of good quality, answering the pharmacopeial requirements, as much of the drug on the market is of very inferior quality, or even quite worthless.—Editor.]

Chromium Sulphate in Lead Poisoning.

Recently a case of chronic plumbism came into my hands, after the patient had been, in vain, "from pillar to post," seeking relief.

At first I tried everything generally recommended in chronic lead poisoning, which no doubt my predecessors had already tried ineffectually, and which likewise disappointed me. This patient was a nervous wreck from his pestering affliction. He had wrist-drop, tremors, and severe attacks of colics almost every day. There appeared no well-defined gingival blue line, only a few patches of black sulphite being noticed. The man was a printer by trade and for four years suffered in the manner mentioned. The case is entitled to the diagnosis of chronic lead poisoning. Under mistaken surgical judgment, the appendix was removed by a Chicago surgeon, about a year and a half ago, the surgeon later acknowledging his error.

It is not necessary to mention the old-line treatments that were tried and re-tried, over and again, with no avail. His poor wife had despaired, and the patient as well. He came to me for weeks almost daily for a hypodermic of hyoscine, morphine and cactin compound for the painful colics, with dread apprehending drug-habit. I thought long and hard, until there came to me the happy thought of chromium sulphate. Since using this remedy the patient has had no more colics, his nervous system is decidedly calmed and improved, the gastro-intestinal complications have all subsided, bowels are regular, and I have a grateful patient and family.

ROBERT PETER, M.D., Chicago, Ill.

THE MEDICAL GUIDE

Valuable Abstracts on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medical and Historical Facts.

Collodion Treatment of Boils.

Dr. W. Fuchs (*Münchener Med. Wochenschr.*, May 30, 1911) recommends the following treatment in the case of ordinary furuncle: A ring of collodion is painted on the skin round the seat of the lesion, leaving the inflamed portion free. The actual extent of the unpainted central portion will depend on the size of the boil, but in any case it should not be too small. The application of collodion is repeated several times daily, being made over the previous ring, and each time extending further outwards, but still leaving the central portion free. The pressure thus exerted has the effect of gradually compressing and eventually bursting the boil and expressing the core, which usually happens in from one to three days.

Russo's Typhoid Fever Test.

Russo's reaction for typhoid fever is carried out as follows:—To 4 or 5 c.c. of the patient's urine add four drops of a 0·1 per cent. aqueous solution of methylene blue; mix well and examine against the light; a mint or emerald green coloration is positive, whereas any bluish tinge renders the test negative. The reaction is unaffected by boiling or by the ingestion of such drugs as calomel, quinine, salol, or caffeine, and the gradual resumption of the bluish tinge, as the patient advances in the disease, is regarded as a valuable and favorable prognostic sign.

Hexamethylenamine in Common Colds.

(Austin Miller: *J. A. M. A.*)—Hexamethylenamine (urotropin) acts promptly and efficiently in checking a common cold, particularly if administered early in the course of the complaint. The irritating, watery secretion of coryza stops; the fever, aching, and malaise of influenza cease, and the disease is averted. Its use after some days is less gratifying, possibly on account of mixed infection with pus organisms. At the onset of a cold, 15 grains should be given four times daily in a copious draught of water, and water should be drunk freely by the patient to lessen the possibility of bladder irritation. This latter, should it occur, ceases at once when the medicine is discontinued.

A Case of Accidental Vaccination on the Lip.

Dr. Wm. P. Coues reports briefly in the *Boston Med. and Surg. Jour.* the following case:

A healthy young girl presented herself at the Boston Dis-

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pensary in the spring of 1910 for treatment of a supposed furuncle of the lip. Something about the look of the lesion caused the doctor to delay incising it. The next time the patient reported at the clinic there was no question as to the diagnosis. It was a typical vaccination on the lower lip. On inquiry it was found that the patient had been occupying the same bed with a young brother who had recently been successfully vaccinated.

Essential Renal Hematuria.

Dr. W. H. White discusses this interesting affection in the *Quarterly Journal of Medicine* (Vol. 4, No. 16). He reports five cases of "essential renal hematuria" (i. e., hemorrhage without obvious cause from an apparently healthy kidney) and discusses the literature. He agrees with Senator that the condition is a functional one analogous to epistaxis, and *not* due to inflammatory lesions in the kidney as has been assumed by some surgeons. The bleeding is seldom fatal, and usually ceases after a nephrotomy; why, it is hard to say. Nephrectomy should not be done unless the patient's life is endangered by the hemorrhage. The prognosis is good, altho rarely the hemorrhage may recur in the *other* kidney.

Magnesium Sulphate Injections in Rheumatism.

A. B. Jackson (*New York Med. Journ.*, June 24, 1911) reports five cases in which he used intramuscular injections of magnesium sulphate with complete success in acute articular rheumatism (rheumatic fever). He uses a 25 per cent. solution, injecting 4 c.c. into adults. The injections cause no pain, and only occasionally have a purgative action. In some cases local application of a saturated solution was made in addition to the injections. The author approves of trying salicylates first, but when these fail to act he finds magnesium sulphate a most useful remedy, and thinks it should be more widely known.

Treatment of Arteriosclerosis.

Beverley Robinson (*New York Med. Jour.*) does not believe in the administration of digitalis or of iodides, especially if combined, in the treatment of arteriosclerosis. He considers that they do more harm than good, especially in patients past middle life. If a cardiac tonic or stimulant is required, strophanthus, caffeine, and nux vomica are preferable by far, and are not liable, in small or moderate doses, to do positive injury. They require also judicious watching and suppression at times, but not to the same degree as digitalis. To lessen supertension, where it is clearly indicated by reason of headache, fainting attacks, pallor, and general nervous irritability, sweet spirit of nitre in small or moderate doses, added to water, is the least injurious and most useful drug, not excepting nitroglycerin and the nitrites. The author lays great stress on diet, rest, fresh air, suitable baths and clothing, and avoidance of constipation.

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Toxic Action of Digitalis on the Heart.

Harold C. Bailey (*American Jour. Med. Sciences,*) classifies the toxic effects of digitalis into three periods as follows:—(1) Vagus stimulation; (2) depression of conductivity with marked vagus action; (3) marked muscular irritability with depression of contractility. Digitalis heart block may be differentiated from ordinary heart block and from vagus influence as a causative factor. Muscular irritability may be the first symptom observed, the other stages being short in duration and easily overlooked. Irritability from digitalis must be differentiated from the progress of the disease by careful observations of the different functions as evidenced by combined tracings. With therapeutic doses the rise of blood pressure due to vasoconstriction is so slight that it may be disregarded, but with toxic doses it becomes of extreme importance. Cumulation occurs with digitalis, and may last for a considerable period. Vomiting is probably a central effect of digitalis and is a sign that absorption is occurring. The earliest stages of the toxic symptoms may be recognised by careful and frequent sphygmographic observations.

Iodoform Injections in Phthisis.

The employment of intravenous injections of iodoform in phthisis is favorably spoken of by Thomas W. Dewar (*Glasgow Med. Jour.*). The iodoform is administered intravenously in ethereal solution, the dose varying from ¼ to 1 grain, and is given three times a week. In seeking to find out how the iodoform acts the author makes the following suggestions: (1) It may act in a germicidal character as its own molecule; (2) if this directly destructive effect is not likely, it may possibly excite the micro- and macrophages of Metchnikoff, aiding their phagocytosis at the point where the defence is crumbling; (3) there is the possibility that the iodoform undergoes decomposition, resulting in the production of bodies in themselves more powerfully destructive to germs. Care should be exercised so as to avoid the production of toxic symptoms. A rapid cure is not to be looked for.—*The Prescriber.*

Mercuric Chloride Poisening Thru the Vagina.

Another case! Dr. J. M. Mabbott, (*J. A. M. A.*, August 5), reports a case of mercuric-chlorid poisoning with ptyalism, stomatitis, urinary suppression, vomiting, etc., following vaginal hemorrhage treated by tampons soaked with bichlorid solution applied to the bleeding cervical laceration some days after confinement. He also used bichlorid solution (1 to 4,000) douches, tho the nurse claimed that the second of the two douches was only sterile water. The teaching of obstetrics justified his practice in this case, but it shows that a combination of conditions is possible under which poisoning may occur from a vaginal douche given a whole week after labor. The patient was recovering from the poisoning when she was taken with intercurrent bronchopneu-

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monia and edema of the lungs, which carried her off three weeks after the poisoning and four weeks after labor.

We have written and written against the use of corrosive sublimate in the vagina, but apparently it takes some physicians a long time to learn.

Gonorrheal Periostitis of the Long Bones.

Dr. S. H. Watts, Charlottesville, Va. (*J. A. M. A.*), remarks that, altho gonorrheal periostitis of the epiphyses, and especially of the small bones of the hands and feet, is not infrequent, this is very far from being true of osteoperiostitis of the shafts of the long bones and its existence has even been disputed. He reports a case in full, besides giving a review of the cases reported in the literature. In the case he publishes a pure culture of the gonococcus was grown from the fluid found beneath the periosteum of the femur, and the case is of interest otherwise as being the only one in which the *x*-ray has shown a marked thickening of the diaphysis as a result of a gonorrheal infection. There was a great thickening of the femur, which was apparently permanent.

"Worsening."

Is "worsening" a good English word? If it is, why not use it? We made its acquaintance in the British Medical Journal, where a contributor writes that "no improvement, but steady worsening, was observable" in the patient's condition, until he was given a hypodermic injection of the tincture of belladonna (the patient had pulmonary edema), when the worsening ceased, and bettering set in.

If You Cannot Keep Your Mouth Shut, Consult a Doctor.

"Those who cannot keep their mouths shut should see a doctor". Now, this does not refer to members of the gentle—and the stern—sex who are afflicted with irrepressible garrulity. No, it refers to children—and adults—who breathe thru their mouth. Breathing thru the mouth is *always* pathologic, for it means an obstruction somewhere in the naso-pharynx, an obstruction which must be removed, if normal development and good health are desired. And we therefore repeat: those who cannot keep their mouths shut by day and by night should consult a physician and have themselves treated.

Definition of Inflammation.

The best definition of inflammation is that recently made by James Oliver. It is as follows:

"Inflammation is reaction of a structure or tissue to alien irritation, whether physiological or not, or to injury which does not annihilate responsive power."

Burdon-Sanderson's tho a little vague, is also good:

"The process of inflammation is the succession of changes which occurs in a living tissue when it is injured, provided that

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the injury is not of such a degree as at once to destroy its structure and vitality."

But is the old, old Hippocratic definition,—that of a morbid condition characterized by redness, heat, swelling and pain—no longer good enough to be serviceable?

No glass would mean much less tuberculosis. So say many of the best tuberculosis authorities. Of course, they mean: no glass in the windows. Some interpreted it as no glass of liquor. Also true.

Cauterization of the Nose in Hay Fever.

Dr. Richard Fegan writes in the *British Medical Journal* of the extraordinary benefit which he has derived from the cauterization of the nose in hay fever or as he calls it hay asthma. He says that for many years past he suffered from what may be termed "hay asthma," the attacks coming on usually towards the end of May and lasting right thru the summer months, so that he looked forward to this period with considerable apprehension, being quite unable to enjoy the best months of the year in the variable climate. The only relief obtained (which was temporary only) was by taking large doses of potassium iodide, pushed to iodism.

A little over three years ago it was suggested to him to try the effect of nasal cauterization. He did so, altho no one could be more sceptical than himself as to the result.

The effect even of the first application was astonishing, his breathing, which was carried on with difficulty, being immediately relieved, and after a few applications, repeated at intervals of about a week, it became quite normal. Last year he anticipated the recurrence by having the "cauterization" applied during the whole of the May weeks with a perfectly satisfactory result; and, more extraordinary still, this year without any "cauterization" whatever, he has been perfectly free from any attack.

As to how the treatment acts, he leaves to others to judge, but that *suggestion* does not enter into the question is proved by his utter faithlessness in the remedy before submitting himself to it.

Sugar in Healthy Urines.

Dr. A. J. P. It is true that even healthy urines contain a trace of sugar, but the trace is so minute—1 in 10000 as stated by Schöndroff (*Pflüger's Archiv.* 1908, p. 572)—that it may be discovered by special methods only, and may therefore be disregarded for all practical purposes. One is justified in regarding any urine which shows the presence of sugar by the ordinary methods of urinalysis as pathologic.

Treatment of Eclampsia.

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Dr. Hastings Tweedy had 29 cases in sequence, covering a period of two years and nine months, without a death. His

treatment was as follows: On admission, the patient was given a half grain of morphine hypodermically. The stomach was washed out, and a purgative poured thru a tube. A catheter having been passed, the patient was then turned on her back and the lower bowel and rectum thoroly washed out with a solution of bicarbonate of soda. Submammary infusion was used if necessary.—*Brit. Med. Jour.*

Perforation of Pregnant Uterus Without Aborting.

Dr. K. F. Snyder, Freeport, Ill. (*J. A. M. A.*) was called to a patient who admitted she had attempted to produce miscarriage by the introduction of a twig of slippery elm into the uterus, a method she had previously employed without harm. Thoro examination revealed that the posterior wall of the uterus had been perforated thru the cervix. The patient was sent to the hospital and a laparotomy performed. There was an infected tract extending from the perforation in the uterus along the upper portion of the sigmoid and a number of small abscesses surrounded by local peritonitis among the small intestines. The omentum lay partially in the perforation, which was about one centimeter in diameter, with necrotic edges. The abscesses were evacuated and drained, the omentum amputated and drainage established thru the perforation and the vagina. Nothing was done with the uterus as regards emptying it. After a moderately severe convalescence the woman recovered, but less than six months later she returned to the doctor and a seven months' pregnancy was diagnosed. Two months and a half later she was delivered of an eight-pound child, with a labor of only moderate severity and no complications, showing that the pregnancy had advanced about six weeks at the time of the laparotomy. The case is reported as being remarkable as showing what the uterus can endure without abortion.

Salicylates in Rheumatism.

Dr. A. Lambert, New York (*J. A. M. A.*, September 9), says that one of the great difficulties from which the profession is slowly emerging is the lack of differentiation made between true rheumatism which will respond to some form of salicylates and the various other forms of arthritis. Salicylates in these other conditions may help to quiet pain but we cannot expect their full beneficial action except in true rheumatism. By this is meant the inflammatory process in the larger joints which in childhood is frequently accompanied with cardiac involvement and in adult life shows some form of heart impairment in over 50 per cent. of the patients. He points out the differences of idiosyncracy of salicylates. Some will tolerate one form and cannot tolerate another. The natural methyl salicylate in oil of wintergreen or of sweet birch has been, in his experience, better re-

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sponded to by the majority of patients than the synthetic salicylates. The hypodermic method of giving salicylates recommended by Seibert of New York may prove of advantage in patients whose gastric membrane cannot retain them. The reported results are very good.

For four months he has been using a tablet made up by a well known New York firm which seems to him to possess the various advantages of the salicylates and to reduce to a minimum the irritating and toxic symptoms. It is prepared as follows: Oleum betulae, the true oil of sweet birch, is taken and saponified either by superheated steam or caustic alkalies, the resulting methyl alcohol driven off by heat, and the resulting salicylate decomposed by sulphuric acid and washed until free from sulphates; the salicylic acid is then purified by recrystalization. This salicylic acid is taken and mixed with sufficient sodium bicarbonate in excess, and with a sugar binder is made into tablets, so that on dissolving each tablet will give five grains of sodium salicylate. This is freely soluble in water with a pleasant acid taste and with a free elimination of CO_2. This seems to form a sodium salicylate in a nascent condition, for with the dry sodium bicarbonate and dry acid, when the solution is made, they combine and fulfil the idea of a nascent condition. By it we seem to get a large amount of the active salicylate into the circulation at once in the least toxic and most effective form of the natural salicylate. Unfortunately, the preparation is expensive, which may prevent its more general use.

Promises in Tuberculosis.

Patients are certain to drift to the qualified or unqualified charlatan who promises to cure them. A chronic disease like consumption, where the patient is very hopeful, readily lends itself to this method of treatment. There is scarcely a town in the kingdom [or in the Republic of the United States of America] where there are not a few medical men proclaiming from "the house-tops" the curability of phthisis, so one really marvels why any one should die of this very curable disease. The disease usually runs a chronic course, so that the man, who has promised a cure has plenty of opportunities of beating a hasty retreat if anything unfavorable should occur—only for the unfortunate occurrence of hemorrhage the patient would have recovered, or after all the patient did not come soon enough, or he has had his life prolonged two or three years by the treatment. Those who are constantly dinning the sanatorium treatment into the public ear are not content with their advocacy of this method of cure, but they are also loudly professing that it will prevent the disease. It does not seem to matter about the breeding ground so long as you segregate the affected. You must catch your hare and eat it, and then there will be no more hares. Consumption is not hereditary, so you can keep on breeding the unfit; never

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mind immunity, but trust in faith that you will soon exterminate the tubercle bacilli. The faith of some medical men is really marvellous.—JAMES BARR.

MEDICAL MELANGE.

The Missing Bird.

There's a story that's old, but good if twice told,
Of a doctor of limited skill,
Who cured beast and man on the "cold water" plan,
Without the least help of a pill.

On his portal of pine hung an elegant sign
Depicting a beautiful rill,
And a lake where a sprite, with apparent delight,
Was sporting in sweet deshabille.

One beautiful day as he sauntered that way,
Pat gazed at the portal of pine,
When the doctor, with pride, stepped up to his side,
Saying, "Pat, how is that for a sign?"

"There's wan thing," said Pat,
'Ye've left out of that,
Which, bejabers, is quite a mistake;
It's trim and it's nate, but to make it complate,
Ye shud have a foine bird on the lake."

"Ah, indeed? Pray then tell, to make it look well,
What bird do you think it may lack?"

Says Pat, "Of the same I've forgotten the name,
But the song that he sings is "Quack! Quack!"

Mayr's Wonderful Stomach Remedy.

Another fake gall-stone remedy! A number of inquiries had been received by the *J. A. M. A.* regarding a preparation known as "Mayr's Wonderful Stomach Remedy," made by George H. Mayr, a Chicago druggist, and which seems to be on the same general type as the "Fruitola" fake. One physician sent a number of pseudo gall-stones passed by his patient who had taken this nostrum and inquired whether the base of the insoluble portion of the soap composing them consisted of magnesia. The remedy consists of a bottle of oil and two powders contained in a red carton on which it is claimed that it cures stomach troubles, indigestion, colic attacks, torpid liver, constipation, gastritis, appendicitis, gall-stones, etc. A pamphlet comes with the bottle consisting chiefly of testimonials and claiming that the remedy is made up of nothing but strictly pure food vegetable ingredients and imploring the purchaser not to submit to a dangerous surgical operation as a course of this wonderful remedy would

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not only painlessly remove the accretions causing gall-stone disease, but also allay the inflamed catarrhal condition causing them. "Price, $1.00 per bottle: worth $100.00." The instructions for taking the nostrum direct the patient to take one powder at 3 o'clock in the afternoon and at bedtime the entire contents of the bottle (about a half pint) was to be taken at one dose. The next morning the second powder was to be taken and the patient is told to observe the "poisonous secretions" removed by this remedy in the feces.

The analysis showed that the bottle contained about 6 ounces of a bland yellow oil which appeared to be olive oil. The powders, each of which weighed about an ounce, appeared from analysis to be ordinary Rochelle salts, one disguised by the addition of about 6 per cent. compound licorice powder and the other by the addition of about 4 per cent. powdered licorice root. The "gall-stones" sent for examination showed the presence of both free and combined fatty acids as well as considerable sodium and some potassium.

In short the so-called gall-stones are a mixture of fatty acids and soap produced by the action of the alkaline intestinal fluids on the large amount of oil taken.

His Side Line.

For many years he labored to learn the druggist's trade,
And was at last rewarded for the efforts he had made;
The sciences were mastered and filled him to the brim,
And every art and artifice was easy meat to him.
A lawful druggist now was he from Aloes through to Zinc.
So he framed his new diploma, and settled down to think
How he should draw the public to patronize his store.
A showy soda fountain must be close inside the door,
With sundry kegs of other stuff and tonics cold galore,
Ice cream and college ices, tobacco and cigars,
With photographs of actresses and comic opera stars,
A nickel-counter feature, and penny candies plenty;
And (strictly for dispensing) some Spiritus Frumenti:
With postal cards and slot machines of many different sorts,
And fancy nobby furnishings to meet the needs of sports;
Some envelopes and postage stamps, paints and brushes too,
And fiddle strings and guessing bouts, cameras and glue,
A waiting room and magazines, a public telephone,
And blanks for money orders, and the latest books to loan,
Directory of the city, and tickets to the show,
An agency for tailors and the Borax Laundry Co.
"That ought to draw them hither, but it isn't any more
Than what is always requisite to stock a druggist's store.
But, Great Unguentum Zinci! With that diploma there
I s'pose I ought to have some, the back room I might spare.
I do just hate a side line, but," and here his shoulder shrugs,
"It might be just as well, perhaps, to have a line of drugs!"

—PUCK.

Quack Punished for Carelessness.

A quack has recently been convicted of criminal neglect and sentenced to three months imprisonment for failure to give antitoxin to a child suffering from diphtheria. Several medical experts testified that the child could have in all probability been saved by antitoxin.

"Naturopath's" Libel Suit Dismissed.

Dr. Grun, vice-president of the Vienna Medical Council, was recently sued by a Dr. Pannesch, who calls himself "doctor of medicine treating after more natural methods." The defendant, who had stated in a medical paper that this title was false, proved that Dr. Pannesch, who is the leader of a party of "natural" physicians was editor of a quack paper, that he repudiated vaccination and the use of poisons on human beings. while in his private practice he did actually vaccinate, and did use alkaloids such as morphine, codeine, opium, strychnine and atropine and that his therapeutic weapons did not differ at all from that of any ordinary practitioner. The nature fakir's suit was dismissed.

Vaccination Soon After Birth.

In order to learn the results of the operation before the infants left the maternity hospitals, the administration of the public charities in Paris recently ordered the vaccination of infants within three days after birth. One death from uncontrollable hemorrhage followed one of these early vaccinations, and a discussion was held on the question at the Société d'Obstetrique de Paris. According to Bonnaire, Bar, Tissier, Cathala and Boissard, early vaccination is useless in about half the cases. As on the other hand it exposes the infant to danger, it appears more prudent to wait, as in the past, until the infant is about two weeks old. (*J. A. M. A.*, Nov. 25).

Walking Tours for Children.

Roeder recommends (*Arch. fuer Kind.*) walking tours in the treatment of certain conditions of under-nourishment, neurasthenia, anemia and chlorosis in children. Parties of children from 12 to 14 years old were taken for a six day tour, the girls covering an average of 9 1/3 miles a day, the boys 12 1/3 miles. The principal meal was taken at the close of the day. Examination of the children before and for three months afterward showed that they had gained as much in weight and general health as is usually gained by a stay of several weeks at an ordinary resort. The integrity of the internal organs must be ascertained beforehand, and provision made for good food and quarters, and in a hilly country the length of the march must be shortened to compensate for the extra exertion.

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